119000022316

(Requestor's Name)
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Name Change

COVER LETTER

Div	ision of Corp	porations				
SUBJECT:		CIEGE SERVICES LLC				
JODDECT.		Name of Lim	ited Liability Company			
The enclosed	I Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		ROBINSON CEPEDA				
			Name of Person			
		R&R CONCIEGE SERVIO	CES LLC			
			Firm/Company			
		670 W 46 ST APT 9				
			Address			
		MIAMI BEACH, FL 33140	0			1
		robinson.cepeda@yahoo.com	City/State and Zip Code n		13 TER	SISE SISE
		E-mail address: (t	o be used for future annual report notifica	ition)	<u></u>	위되고
For further in	itormation co	oncerning this matter, please ca	ıll:		PH	1000 1000 1000
ROBINSON	CEPEDA		786 8387231		2.	ALS.
	Name of	Person		elephone Number	<u>မ</u> ာ	TIONS
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is end	tus &	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&R CONCIEGE SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/22/2019}{}$ and assigned Florida document number L19000022316 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: R&R CONCIERGE SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name off the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida _

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

IGR = N MBR = A	Ianager Authorized Member		
<u>itle</u>	Name	Address	Type of Action
- .			
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior does not meet the application.	to date of filing or more than able statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 (ements, this date will not be listed as t
the record specifies a delayed e		t an effective time, a	t 12:01 a.m. on the earlier of:
Dated FEBRUARY 5	2019	<u> </u>	
		orized representative of a me	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00