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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
SUBJECT: RSP	Quality S	olutions LLC nited Liability Company	
The enclosed Articles of A	mendinent and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	4. ≠ . 4. 4 4 4 4.
	Brendon	K ROSS Name of Person	
		A Firm/Company	· .
	4991 Elor	2 Cresent	
	Lakeland	FL 33810 '. City/State and Zip Code	
	RSP Qualification E-mail address:	to by used for future annual report notifi	cation)
For further information con	ncerning this matter, please c	all:	
Brendon K	ROSS	at (863) 712	7808
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
X \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rction rporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited Ciability Compa	ny as it now appears on o	our records.)			
(A Florida Limited I	Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L1900038944</u>	were filed on 2	17/201	and as	ssigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:	•			
/// A					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ition "LLC" or the	abbreviation "	L.L.C."	
Enter new principal offices address, if applicable:	NIA			 _	
(Principal office address MUST BE A STREET ADDRESS)					
				<u> </u>	
Enter new mailing address, if applicable:	NIA		; · · · · · · · · · · · · · · · · · · ·	л ъ .	
(Mailing address MAY BE A POST OFFICE BOX)				5	
•	· · · · · · · · · · · · · · · · · · ·	·	· ·	ມ ⇒	
B. If amending the registered agent and/or registered office	address on our recor	de antar the no	ame of the n	ew registere	.A
agent and/or the new registered office address here:	address on our record		* / · · · ·		<u>~</u>
	11/4			٠	
Name of New Registered Agent:	NIV				
New Registered Office Address:					
	Enter Florida st	reet address			
	<u> </u>	, Florida		 	
	City		Zip Cod	le	

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

if amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brenclon K. Ross	4991 Elon Cresent Lakeland FL 33810	<u>(3744</u>
	·		□Remove
			□Change
AMBR	Stephanie Ross	4991 Elon Crosent Lakeland FL 33810	UAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
)	11 A	□Remove
	,		□Change
			□ Add
			□Remove
			` □Change
			□Add
			*□Remove
			□ Chanua

`	
Note	ctive date, if other than the date of filing:
the r) Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier case 90th day after the record is filed.
	d NOV 22 2019
Date	

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Filing Fee: \$25.00