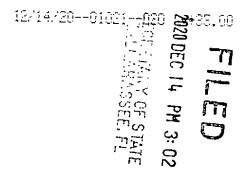
## L19000053450

(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

TO:	Registration Sec Division of Corp						
	1,	RSR ROC	FING LLC				
SUBJE	:CT:	Name of Limi	ted Liability Company	· · · · ·	<del></del>		
		mendment and fee(s) are sub-					
Please	return all correspon	dence concerning this matter	to the following:				
		OR	LANDO CARRAS	QUILLO			
			Name of Person	······································			
		oc	CONSULTING FI	RM INC.		~>	
			Firm/Company		 	020 (	<b></b> (
	8775 20TH STREET LOT 324					2020 DEC 14 PH 3: 02 SECRETALY OF STATE TALLALASSEE, FL	(A)
Address					ーーー にっこう ジ,・く	£	1
		VEF	RO BEACH, FL 32	2966	S HOUSE	PH 3	
			City/State and Zip Code		TA TA	3; O2	
			ULTINGFIRM@YA to be used for future annua			10	
For fur	ther information co	ncerning this matter, please ca		·			
		CARRASQUILLO	561	542-5465			
	Name of	Person	Area Code	Daytime Teleph	one Number		
Enclos	ed is a check for the	e following amount:					
□ \$2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		2 \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is a	atus &	
	Registra	NG ADDRESS: tion Section 1 of Corporations	Registra	T/COURIER AD attion Section of Corporations	DRESS:		

P.O. Box 6327. Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSR ROOFIN	G LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appear ollity Company)	s on our records.)	
the Articles of Organization for this Limited Liability Company we lorida document numberL19000053450	ere filed on	03/04/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	y company he	re:	
he new name must be distinguishable and end with the words "Limited Liability	y Company," the	designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2020
Principal office address MUST BE A STREET ADDRESS)			EC .
_			-
			RE
Enter new mailing address, if applicable:		m m	ις ιμ
Mailing address MAY BE A POST OFFICE BOX)		#197 <b>4</b> 	2
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:  Name of New Registered Agent:	e address on	our records, enter	the name of the
-			•
New Registered Office Address:	Enter Flor	ida street address	
		Dinwish.	
	City	, Florida	Zip Code

## 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NANCY ESTRADA AVILA	205 S 29TH STREET	Add
		FORT PIERCE, FL 34947	□ Remove
			Add
			Remove
<del></del>			Remove Remove
			02
			□ Remove
			□ Add
			□ Remove
			□ Remove

J. If amending ar	y other information, e	enter change(s) here: (Attach additional s.	heets, if necessary.)	
C. Effective date, (The effective date the date this documents)	if other than the date on the properties of the specific, cannot be properties to the Florida D	rior to date of receipt or filed date and cannot be more	(optional) e than 90 days after	
Dated	12/05	2020		
	Signal	ute of a member or authorized representative of a n	nember	
	_	RUBEN SERRANO		
		Typed or printed name of signee	2020 DEC 14 PM 3: 02 SEDMETARY OF STATE TALLARASSEE, FL	

Page 3 of 3

Filing Fee: \$25.00