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(Parwagtada Nama)	
(Requestor's Name)	
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PICK-UP WAIT MAIL	•
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(Business Entity Name)	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	

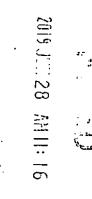




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COVER LETTER

TO:	Registration Sec Division of Corp		· **	
OUD I		ERAL RENOVATION LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are subi	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RAFAEL A GARCIA-MA	TERAN	
			Name of Person	
		RGA GENERAL RENOV	ATION LLC	
			Firm/Company	
		1239 LUCAYA CIR		
		<u> </u>	Address	
		ORLANDO FL 32824		
			City/State and Zip Code	
		AMERICATAXSERVICES		
		E-mail address: (to be used for future annual report notit	ication)
For fu	irther information co	oncerning this matter, please ca	all:	
RAF	AEL A GARCIA-M	1ATERAN	786 3143795 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$3	25.00 Filing Fee	□ \$30.00 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 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGA GENERAL RENOVATION LLC

2019 JUS	28	âH I	
managed (1 . 1 .

(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 05/08/2019	and assigned	
Plorida document number L19000125405	- 		
This amendment is submitted to amend the following:			
his amendment is submitted to amend the following.			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1239 LUCAYA CIR		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO FL 32824		
Enter new mailing address, if applicable:	1239 LUCAYA CIR		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO FL 32824		
Training warry coop in the coop of the coo			
B. If amending the registered agent and/or registered o	ffice address on our records, e	nter the name of the	
registered agent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
- :- Al	Enter Florida street address		
	, Florid	a	
	City	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 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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
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			Remove
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			Change

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Effective date, if other tha					
f an effective date is listed, the d Note: If the date inserted in	this block does not i	neet the applical			
document's effective date on	the Department of	State's records.			
ne record specifies a de The 90th day after th			an effective ti	me, at 12:01 a	a.m. on the earlier
The both day after th	e record is filed:				
. 06/25/		2019	ĵ		
N = 4 = .1		.s_ <u> </u>			
Dated		I I I + I I		•	
Dated	-V				
Dated	Signature of a	member or apthor	ized representative of	f a member	

Page 3 of 3

Filing Fee: \$25.00