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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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COVER LETTER

FILING CANCELLED Registration Section TO: DUE TO RETURNED CHECK **Division of Corporations** SUBJECT: RH Drywall Services 112 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Hector Padila Name of Person 471 UE 6th. St. Apt 610 Fort Lauderdale Florida 33304 City/State and Zip Code Hector Padilla @ thorywallservices.com
E-mail address: (to be used for further annual deport notification) For further information concerning this matter, please call:

Enclosed is a check for the following amount:

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT DUE TO RETURNED CHECK ARTICLES OF ORGANIZATION

| Name of the Limited Liability Compar (A Florida Limited L | (ES LLC ay as it now appears on our records.) ability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Company of Florida document number 119000179779. | were filed on 07/12/2019 and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability RH D. SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Inches the contain the contain the words "Limited Liability Inches the contain the | |
| Enter new principal offices address, if applicable: | 421 NE 6th St. Apt 610 |
| (Principal office address MUST BE A STREET ADDRESS) | Fort Lauderdale, FL 33304 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 421 NE 6th St. Apt 610 Fort Lauderdale, FL 33304 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| · | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Code |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as po- being filed to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |

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

FILING CANCELLED DUE TO RETURNED CHECK

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--------------------------|----------------|
| AMBR | Jesús Eduardo Hernandez | 421 NE 614 St Apt. 621 | XAdd |
| | | Fort Lauderdale FL 33304 | □Remove |
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| (If an e | ctive date, if other than the date of filing: |
| the re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of |
|) Th | e 90th day after the record is filed. |
| Date | d_12/02/2019 |
| | Signature of a member or authorized representative of a member |
| | |
| | Hector Padilla Typed or printed name of signee |

Page 3 of 3

Filing Fac. \$25.00