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Office Use Only



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# **COVER LETTER**

TO:	Registration Se Division of Cor			
el:bi	ur <i>e</i> er.	RDEE ROAD SERVIC	CE LLC	
SORI	ECT:		nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		D <i>ê</i>	AINERIS CASTRO CRUZ	
		<del></del>	Name of Person	
			Firm/Company	<del></del>
			4582 NW 202 ST	
			Address	
		MI	AMI GARDENS, FL 33055	
			City/State and Zip Code	<del> </del>
		E-mail address: (	to be used for future annual report noti	fication)
For fu	rther information c	oncerning this matter, please c	all:	
DAINERIS CASTRO CRUZ		786 539-9718 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>■</b> \$2	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 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

**1100 150** 

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RDEE ROAD SI	ERVICE LLC	FILE LANGE
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	FILED PARTY	
The Articles of Organization for this Limited Liability Company	were filed on 09/17/2019	and assigned
Florida document number 1.19000234530		
This 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	bty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4582 NW 202 ST	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI GARDENS, FL 33055	
Enter new mailing address, if applicable:	4582 NW 202 ST	
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI GARDENS, FL 33055	
B. If amending the registered agent and/or registered of	ffice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	DAINERIS CASTRO CRUZ	4582 NW 202 ST	
		MIAMI GARDENS, FL 33055	<b>=</b> Add
			Remove
			Change
			□ Remove
			Change
		<del></del>	
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ffecti	ive date, if other than the d fective date is listed, the date must b	ate of filing:		(optional)	
an ell ofe:	lective date is listed, the date must to the date inserted in this block	be specific and cannot be p ik does not meet the an	rior to date of filing or m alicable statutory filing	ore than 90 days after filing.) Pi g requirements, this date wi	ursuant to 605.0207 i Il not be listed as t
	ent's effective date on the Dep			g requirements, tins date wi	ii not be fisted as
	,				
	cord specifies a delayed		not an effective t	ime, at 12:01 a.m. on	the earlier of
ine	90th day after the recor	a is filea.			
ated	SEPTEMBER 27	2019			
		ر ادا	<del></del> ·		
	De	(111)			
			uthorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00