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SECTION OF SIME

10/13/20

COVER LETTER

Division of Cor		•			
RHS MAIN	ITEANCE SERVICES LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	FITZROY HINES				
	-	Name of Person		_	
		Firm/Company		_	
	7401 WILES ROAD SUI	TE #351			
		Address		2020 TALE	
	Coral Springs , FL 3306			SEP Bassa Living	_
	FITZROYHINES@OUTL	City/State and Zip Code OOK.COM		2020 SEP - 1 SECULTIVAY TALL MIASSE	
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	ication)	PM 2: 34	1
FITZROY HINES		954 9180460		RIGA RIGA	
Name o	of Person		c Telephone Numbe	er .	
Enclosed is a check for ti	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Mailing Addres Registration		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Cor	porations		
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro		810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHS MAINTEANCE SERVICES LLC		
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 4/14/2020	and assigned
Florida document number L20000102566	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
RHS Maintenance Services LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		78
(Principal office address MUST BE A STREET ADDRE	(2.2)	70 S
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		55.50
Enter new mailing address, if applicable:		70 3
(Mailing address MAY BE A POST OFFICE BOX)		20 29
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		7
B. If amending the registered agent and/or registered o	ffice address on our records, <u>er</u>	ter the name of the new regis
agent and/or the new registered office address here:		
Name of New Registered Agent:		
		
New Registered Office Address:	Enter Florida street aa	ldness
	isher i tortuu Mieer au	
	City	, Florida
	City	гар Соле

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 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
		••••	
			П Сеточе
			□Change
			□Remove
			2870 SEP
			SSI PAN
			Pol Remove
			□ Add
			□Remove
			□Change
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			□Add
			□Remove

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Signature of a member or authorized representative of a member	

Filing Fee: \$25.00