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(Re	questor's Name)	
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R. AVHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations	p
SUBJECT: R.d. Folooring On Name of	und General Services-LLC f Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Ricco	DAGE Name of Person
rd Hours	g and General Services in C
1755 S	ourset palm dr. Address
	City/State and Zip Code
E-mail addr For further information concerning this matter, plea	ess: (to be used for future annual report notification) use call:
Ricco Duffie Name of Person	at (407) S60-9623  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of State	· · · · · · · · · · · · · · · · · · ·
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Rd Flooring and General Services ELZ16

(Name of the Limited Liability Com (A Florida Limite	npany as it now appears ed Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2 0000 Z 7 8 46 6</u>	ny were filed on <u>Q</u>	108 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floric	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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, 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
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te: If the dat	if other than the is listed, the date muse e inserted in this bl ctive date on the D	lock does not me	ect the applica	o date of filing or ble statutory fil	more than 90 daing requirement	ays after filing.)	Pursuant to 605.02 will not be listed a
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				rized representati	ve of a member	<del></del>	<del></del>

Filing Fee: \$25.00