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T. MATTHEWS FEB 2 3 2022

COVER LETTER

TO: Registration Section **Division of Corporations** R&S ENTERPRISES TRI-STATE L.L.C. SUBJECT: ___ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: FELIXROY L. QUIJANO Name of Person **R&S ENTERPRISES TRI-STATE L.L.C.** Firm/Company 9182 109TH AVE Address SEMINOLE, FL 33777 City/State and Zip Code roy.quijano6@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: FELIXROY L. QUIJANO 727 873-9166 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, □ \$25.00 Filing Fee

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy (additional copy is enclosed)

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

Certificate of Status &

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&S ENTERPRISES TRI-STATE L.L.C

22 FE? 14 PH 12: 30

(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 _____ _____ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

___, Florida ___

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
MGR	FELIXROY L. QUIJANO	9182 109TH AVE	
		SEMINOLE, FL 33777	Π.
			Remove
			□Change
MGR	CHARLO FAITH A. WEIGEL-QUIJANO	9182 109TH AVE,	•
			□Add
		SEMINOLE FL., 33777	
			Remove
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fective date, if other than the d	ate of filing:		(op	tional)
n effective date is listed, the date must	be specific and cannot be j	prior to date of filing o	r more than 90 days af	er filing.) Pursuant to 605.0
ote: If the date inserted in this bloc cument's effective date on the Dep			mig requirements, t	ins date will not be listed
ecord specifies a delayed effective	date, but not an effecti	ve time, at 12:01 a.r	n, on the earlier of:	(b) The 90th day after
is filed.				
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