5/19/23, 1:02 PM

Division of Corporations



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(((H23000186052 3)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name

: ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048

(954)793-0353

Phone Fax Number

: (954)944-3163

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RTS CONSTRUCTION AND PAINTING, LLC.

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Help

ARTICLES OF AMENDMENT TO ... ARTICLES OF ORGANIZATION OF

(((H23000186052 3)))

RTS CONSTRUCTION AND PAINTING, LLC.	
(Name of the Limited Liability Company as it now annears 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 a	bbreviation "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 office address on our records, enter the nan agent and/or the new registered office address here:	ne of the new registered
	2023
Name of New Registered Agent:	<u>्यः</u>
New Registered Office Address:	= = = = = = = = = = = = = = = = = = = =
Enter Florida street address	<u> </u>
, Florida	
City , Piorida	Zip Cód?
New Registered Agent's Signature, if changing Registered Agent;	(i)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further ag provisions of all statutes relative to the proper and complete performance of my duties, and I am	

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

__ □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 (((H23000186052 3))) Title Name <u>Address</u> Type of Action Dalmi Xavier da Silva MGR Coconut Creek, FL 33073 _____ Change ______ Remove _____ Change □Remove _____ Change ____ UChange ______ Пестоve __ ... □Add Remove (((H230001860523)))

(((H230001860523)))

	(((H2300018
	· -
	
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of e: If the date inserted in this block does not meet the applicable stat	f filing or more than 90 days after filing.) Pursuant to 605,02 utory filing requirements, this date will not be listed
ament's effective date on the Department of State's records.	,
ord specifies a delayed effective date, but not an effective time, at 1 filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
med.	
_{sd} May 19, 2023	
,	
₹ 4.1	
Rafael Teixelra da Silva (May 19, 2023 12:35 EDT)	
Rafael Teixelra da Silva (May 19, 2023 12:35 EDT) Signature of a member or authorized rep	resentative of a member