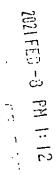
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(Requestor's Name)
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COVER LETTER

	istration Se ision of Cor			
CUDILLOT.	RBT MOD	IFICATION LLC	•	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Elena Armenteros		
			Name of Person	
		RBT MODIFICATION L	LC	
	Firm/Company			
	434 NW 25th AVE			
		•	Address	······································
Miami. FL 33125 City/State and Zip Code				
		· ··· -	City/State and Zip Code	···
		elear65@yahoo.com		
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please c	all:	
Elena Arme	nteros		786 691-7962	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 I	Filing Fee	☐ \$30.00 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)
	iling Addres		Street Address:	
	gistration S vision of C	Section orporations	Registration S Division of Co	
). Box 632	-	The Centre of	•
Tal	lahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBT MODIFICATION LLC

(Name of the Limited Liability Company as it now appears on our records,)

(A I·lor	rida Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L21000024214		and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C.	•
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or register agent and/or the new registered office address here		2021 ne of the new re	===== gistered
Name of New Registered Agent:		ش - ت ٠	
New Registered Office Address:			.j
	Enter Florida street address	73	
	, 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, 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>	<u>Address</u>	Type of Action
AMBR	Elena Armenteros	434 NW 25th AVE	
		Miami, FL 33125	□Remove
			≣ Change
			□Add
			🗀 Add
			□Remove
			Change
			D∧dd
			□Remove
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	,		□Add
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			□Change
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			Remove
			☐ Change

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	<u> </u>
an effective of the state of th	date, if other than the date of filing:
record sp is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Jan	uary 31 2021
ated	EQ., I
	Signature of a member or authorized representative of a member
	Elana Armantaras
	Elena Armenteros Typed or printed name of signee

Filing Fee: \$25.00