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(Req	uestor's Name)	
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COVER LETTER

Division of Cor			
SUBJECT:	R&V installe Name of Limit	ations Services ted Liability Company	· LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	<u>Raul</u>	Vasque2 Name of Berson	
	K& V insta	Firm/Company	ius LLC
	8410 N. D	Tis Aue.	
	Tampa F Raulvazque	(. 33404 City/State and Zip Code 57530 amail . Co o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	ıll:	
Raul Va Name o	59UlZ f Person	at (<u>§ 13</u>) 953 Area Code Daytim	-8457 e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 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)

Mailing Address:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil	allations Services LLC lity Company as it now appears on our records.)
(A Florid	la Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1000376528	Company were filed on \\ \S\23\2021 \\ and assigned \\ \
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	\$E.02
(Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ARY OF STATE
agent and/or the new registered office address here:	ed office address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	сту - гар сти

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>	Address	Type of Action
<u>AMB</u> L	Raul Vasquez	8410 N. OTIS Alle, TAMPA Fl.	DAGd
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: se 90th day after the record is filed.
Date	d 9/01/2021
	Signature of a member or authorized representative of a member
	Paul Vasquez limenez

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