21000441192

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
(Only) Control of the
PICK-UP WAIT MAIL
(Business Entity Name)
(Danis at Nisatan)
(Document Number)
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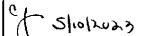
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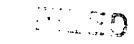


COVER LETTER

TO: Registration Se Division of Cor			
	ANICAL 2 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	RALPH CONKLIN		
		Name of Person	
		Firm/Company	
	5500 67TH AVE N		
		Address	
	PINELLAS PARK, FL 33		
	RALPHCONKLIN83@YA		
Var further information e	E-mail address: (oncerning this matter, please c	to be used for future annual report notification	cation)
	oncerning this matter, please c		
RALPH CONKLIN		727 307-6999 at ()	
Name o	f Person	Area Code Daytime	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 5		Street Address: Registration Sect	tion
Division of C		Division of Corp	

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 OF



RC MECHANICAL #2 LLC

2023 HAR -8 AM 7: 34

(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our record Limited Liability Company)	Turnissee. ATE
The Articles of Organization for this Limited Liability Co Florida document number L21000441192		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	
 -	, Flo	orida Zip Code
N D to A A D O Character of the Character D of the Character of the Charac	Cir.	rap Come

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 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

Title	<u>Name</u>	Address	Type of Action
MGR	KATHLEEN CONKLIN	5500 67TH AVE N	
		PINELLAS PARK, FL 33781	■Remove
			□Change
MGR	KALEENA CONKLIN	5500 67TH AVE N	≣ Add
		PINELLAS PARK, FL 33781	□Remove
			□Change
			□Add
			□Remove
			Remove
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			□Change

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'an effective d <mark>Vote:</mark> If the (te, if other than late is listed, the dat date inserted in the effective date on t	te must be specifi his block does r	ic and cannot be pr not meet the app	licable statutory	g or more than 90 r filing requiren	(optional) days after filing eents, this date) Pursuant to 605.0 will not be listed	0207 (d as i
record speci d is filed.	ifies a delayed eff	fective date, but	t not an effective	e time, at 12:01	a.m. on the earl	ier of: (b) Th	e 90th day after (the
FEBR	UARY 28		2023					
<u></u>	<u>alph</u>	Signature	of a member or at	nhorized represen	Tative of a memb	er		

. . .

Filing Fee: \$25.00