Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (855)330-1010

**Ente	er the	email	address	for	this	busin	ess	entity	to	be	used	for	future
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RGH PROPERTY CARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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JUN 1 4 2023

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RGH Property Care LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company))
The Articles of Organization for this Limited Liability Company	were filed on 02/20/2023	and assigned
Florida document number L23000089541		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	····	~
Principal office address MUST BE A STREET ADDRESS)		23
		•
		 (:)
Enter new mailing address, if applicable:		77.78
Mailing address MAY BE A POST OFFICE BOX)		<u>က</u> ္
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	<u>ie name of the new regis</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	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 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
AMBR	Richard Holland	4820 50th Dr.	X ∙Add
		Vero Beach FL. 32967	Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	**-··-			
fective date, if other than th	a data of filing:		(an	tional)
n effective date is listed, the date mote: If the date inserted in this cument's effective date on the	ist be specific and cannot be block does not meet the a	applicable statutory	or more than 90 days aft	er filing.) Pursuant to 605.0203
ecord specifies a delayed effect is filed.	ve date, but not an effec	tive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after the
ted	2023	·		
Na	5 Sy	Mid-	alive of a member	- state - ma
Nw	Signature of a member o	M/1	ative of a member	

Filing Fee: \$25.00