L23000175497

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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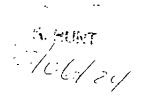




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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RS1 CONTY Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Rapha	Name of Person
	Firm/Company
511 Garc	Firm/Company Lens Drive Suite 104767 77 17 17 17 17 17 17 17 17 17 17 17 17
Pompano	Beach FL33069 FE &
Raphael todr	194593601Htot com
For further information concerning this matter, please call:	
Raphael Silva	at (305) 874 8810 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee X \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

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

N.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

ability Company as it now appears on our records.)
[orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number L23000175497 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 abbreviation 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 name of the new registered

agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Simone Silva	22615 SW 60th Ave	\\\\\Z\Add
·		Suite 312 Baca Ration FLorida 33428	□Remove □Change
			□Add
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