

	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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Special Instructions t	o Filing Officer:
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TO:

Registration Section

Div	ision of Cor	porations		
SUBJECT:	HUSBANE	OS FOR RENT RCR LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		RAUL CALVO RUIZ		
		Barill	Name of Person	
		209 OAKDALE AVENUI	Firm/Company	
			Address	
		MARY ESTHER, FL. 325	69	
		raulcalvoruiz233@gmail.ce	City/State and Zip Code on to be used for future annual report n	otification)
For further in	formation c	oncerning this matter, please c	-	ottication)
Raul Calvo F	Ruiz		850 7986052	
	Name o	f Person	Area Code Dayı	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div		Section orporations	Street Address: Registration S Division of C	
	. Box 632 lahassee, F		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUSBANDS FOR RENT RCR LLC			
(<u>Name of the Limited L</u> (A F	iability Comp. Iorida Limited	any as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liabil Florida document number L23000331434	ity Company	were filed on 07/10/2023	and assigned
This amendment is submitted to amend the following	ıg:		
a. If amending name, enter the new name of the	limited liab	oility company here:	2923 [
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable	:	3015 W Heiter St	co
Principal office address MUST BE A STREET A	DDRESS)	Tampa, FI 33607	[2a
		_	10
		•	<u>а</u> 0
Enter new mailing address, if applicable: 3015 W Heiter St			
Mailing address MAY BE A POST OFFICE BOX)		Tampa, Fl 33607	
	_		
. If amending the registered agent and/or regist gent and/or the new registered office address he	tered office : ere:	address on our records, <u>enter th</u>	ie name of the new regist
Name of New Registered Agent:	Raul Calvo Ruiz		- -
New Registered Office Address: 30	015 W Heiter	St	
		Enter Florida street address	
T:	ampa	**1	. 33607

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.

City

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change

Page 2 of 3

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an effective date is liste ote: If the date inse	ner than the date of ed, the date must be specif rted in this block does date on the Departmen	fic and cannot be prior not meet the applic	able statutory filing	(option: re than 90 days after fili requirements, this da	ng.) Pursuant to 605,020
e record specifies The 90th day af	s a delayed effecti ter the record is fi	ive date, but no iled.	ot an effective ti	me, at 12:01 a.n	n. on the earlier o
15 December	Ob assil	2023	<u> </u>		
- 	Signature	of a member or author	orized representative o	f a member	-