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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RW Repairs LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard A. White
RW REPAIRS LLC Firm/Company
13020 NE 4th TERR
Okeechobee F/A. 34972 City/State and Zip Code Richard. White 596 icloud. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard A. White at (863) 261-0682 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

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

RW Repairs LLC

(<u>Name of the Limited Liabi</u> (A Florid			
The Articles of Organization for this Limited Liability	Company were filed on	12/26/23	and assigned
Florida document number <u>L240000</u>	<u>2</u> 365		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," t	he designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		1000 to 1000	
			
B. If amending the registered agent and/or registere	ed office address on or	ır records, enter the name	of the new registered
agent and/or the new registered office address here:		<u></u>	
Name of New Registered Agent:		<u> </u>	<u> </u>
New Registered Office Address:			
	Enter	Florida street address	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Register	·		zą code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in to complete performance agent as provided for red office address, I he	e of my duties, and I am fa in Chapter 605, F.S. Or, ij	miliar with and Othis document is
	If Changing Registered	d Agent, <u>Signature of New Regi</u>	stered 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
MGR	KATHLEEN BROWN	0Keechobee FM. 34972	_ □Add
		Okeechobee FM. 34972	_ l V Remove
			□Change
MGR	Kichard A. White	13020 NE 4th TERR	_ (D/Add
		Okeechobee, Fla. 3497.	<u></u> □Remove
			□Change
			□Add
			□Remove
			□Change'
			_ □Add = n
			Remove
			_ □Change
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			□Remove
			□Change
			□Add
			□Remove
			□Change

N/A	
	<u></u>
	
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Effective date, if other than the date of filing:	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
rd is filed.	
Dated	
Signature of a hiember or authorized representative of a member	
Signature of a member or authorized representative of a member	

4