

_24 000 435 605

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(B)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500439498615

11/14/24--01014--013 **25.00

FILED REGREDARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor	ection porations			
erin ir		RAL CONSTRUCTION SERV	VICES LLC		
SUBJEC	CI:	Name of Limi	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		ROBERTO TORRES			
		<u> </u>	Name of Person .		
		R.T. GENERAL CONSTR	UCTION SERVICES LLC		
		•	Firm/Company		
		5117 GINGER WAY Address			
		LAKE WORTJH FL 3346	3		
			City/State and Zip Code		
		E-mail address: (1	to be used for future annual report notif	ication)	
For furth	ner information c	oncerning this matter, please ca	ail:		
ROBER	TO TORRES		561 7243836		
Name of Person		f Person	at () Area Code Daytime	Telephone Number	
Enclosed	d is a check for th	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 S		Street Address: Registration Sec	ition	

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

C	<u> </u>
any as it now appears on our reco Liability Company)	<u>rds.</u>)
y were filed on 10/10/2024	and assigned
bility company here:	
oility Company," the designation "LI	LC" or the abbreviation "L.L.C."
	2024 SEE
	NO I
77 1	PH PH
	<u> </u>
	<u> </u>
address on our records, ente	er the name of the new regis
ri.	
Enter Florida street addr	TPVS
, I , City	F lorida Zip Code
	bility Company here: bility Company here: ility Company here: address on our records, enter

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 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>	Name	Address	Type of Action
AMBR	ROBERTO TORRES	5117 GINGER WAY	= Add
-		LAKE WORTH FL 33463	□Remove
			Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			🗖 Add
			□Remove
		· 	Change
			Dadd
			□Remove
			□Remove
		··	□Change
		 -	DAdd
			□Remove
			□ Change

BANK REQUEST.				
		· ·		
		<u> </u>		
				_ _
-			-	
			<u> </u>	.
				<u> </u>
			<u> </u>	
·-· - ··		·-··		
				<u> </u>
	_			
ective date, if other than the effective date is listed, the date in e: If the date inserted in this iment's effective date on the	ust be specific and cannot be block does not meet the ap	prior to date of filing or mo	(optional) re than 90 days after filing.) requirements, this date v	Pursuant to 605.02 vill not be listed :
cord specifies a delayed effect filed.	ive date, but not an effecti	ve time, at 12:01 a.m. o	n the earlier of: (b) The	90th day after th
ed	. 2024	·		
ND-61	1	7 . /		

Filing Fee: \$25.00