6000098836

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Cassial Instructions to Filips Officer |
| Special Instructions to Filing Officer: |
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T. Burch JUL 2 1 2014

COVER LETTER

| TO: Registration Sec Division of Cor | | | |
|---|---|---|--|
| _{subject:} rpf ve | entures IIc | | |
| SUBJECT: | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | david meuni | er | |
| | | Name of Person | |
| | rpf ventures | Ilc | |
| | | Firm/Company | |
| | 796 indian re | ocks road n | |
| | | Address | |
| | belleair bluff | s fl 33760 | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | fication) |
| For further information co | oncerning this matter, please ca | all: | |
| david meun | ier | at (305) 790-5 | 212 |
| Name of | Person | Area Code Daytime | e Telephone Number |
| Enclosed is a check for th | e 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

| rpf ventures llc | | | |
|---|---|--|--|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Con | npany) | | |
| The Articles of Organization for this Limited Liability Company were filed Florida document number L06000098836 | 1 on 10/10/2006 and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability comp | eany here: | | |
| The new name must be distinguishable and end with the words "Limited Liability Compar | ny," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | SSS 88 Pro- | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | |
| B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: | ress on our records, enter the name of the n | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | , Florida | | |
| City | Zip Code | | |

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action Address Title** Name 796 n indian rocks road david meunier mgr ☐ Add belleair bluffs fl 33760 ■ Remove □ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove □ Add ☐ Remove

| | , enter change(s) here: (Attach additional sheets, if necessary.) |
|--|--|
| *************************************** | |
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| | |
| the date this document is filed by the Florida | prior to date of receipt or filed date and cannot be more than 90 days after |
| Dated 07/17/2014 | |
| Sign | lature of a member or authorized representative of a member |
| david meunier | |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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