L17000012357

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J. HARRIS

COVER LETTER

TO: Registration Division of C	Section Corporations	
Whitlatc SUBJECT:	h Properties, L.L.C.	
3000000	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Cynthia L. Crowe	
	Name of Person	
	Duss Kenney Safer Hampton & Joos PA	
	Firm/Company	
	4348 Southpoint Blvd Ste 101	
	Address	
	Jacksonville, FL 32216	
	City/State and Zip Code	
	xrcenterprises@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Cynthia L Crowe	904 945-4320 at ()	
Name	e 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) Certified Copy (additional copy	Status & y

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

Whitlatch Properties, L.L.C.		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our reconited Liability Company)	ords.)
he Articles of Organization for this Limited Liability Com	pany were filed on 02/01/2007	pany here: ny." the designation "LLC" or the abbreviation "L.L.C."
orida document number L07000012357		·
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	liability company here:	
RC Enterprises, L.L.C.		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRES	<u> </u>	
		7.5 22
		CD margine
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		Syllia oo
		70 3
		55 - (7)
. If amending the registered agent and/or registere	ed office address on our recor	rds, enter the name of the
gistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	City	Zip Code

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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Remove		
			Change		
			Add		
			Remove		
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	04/01/2018			
ective date, if other than	the date of filing:	((optional)	
te: If the date inserted in this	must be specific and cannot be prior to d s block does not meet the applicable	ate of filing or more than 90 day statutory filing requirement	s after filing.) Pursuant to 605 is this date will not be liet	5.02 ed
cument's effective date on the	e Department of State's records.	successful in the second secon	s, this date will not be use	tu.
record specifies a dela	yed effective date, but not a	n effective time lat 12:	:01 a.m. on the earli	e۲
he 90th day after the r	record is filed.	ii ondesite cime, de 12.	or a.m. on the carm	Ç,
March 24	2018			
^				
1 +1 =	Signature of a member or authorize			
1 . 40/ / ////				

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee