

L11000042210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

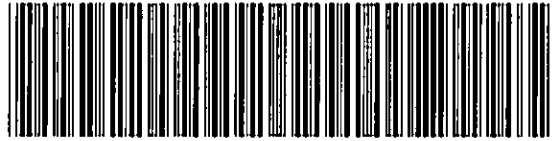
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



200312937962

2018 JUN 13 AM 10:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

2018 JUN 13 PM 1:59  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

B FIGUEROA  
JUN 15 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2018

CSC  
EMILY

SUBJECT: RKF GROUP FLORIDA LLC  
Ref. Number: L11000042210

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for RKF GROUP FLORIDA LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

The title Mr cannot be used as a title for an Authorized Person.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II

Letter Number: 118A00012408

18 JUN 14 PM 4:14  
CSC

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 254656 7161018

AUTHORIZATION

COST LIMIT : \$ 60.00



ORDER DATE : June 13, 2018

ORDER TIME : 12:59 PM

ORDER NO. : 254656-005

CUSTOMER NO: 7161018

DOMESTIC AMENDMENT FILING

NAME: RKF GROUP FLORIDA LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT  
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RKF GROUP FLORIDA 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:

MICHAEL TAXIN

\_\_\_\_\_  
Name of Person

RKF

\_\_\_\_\_  
Firm/Company

521 FIFTH AVENUE, 7TH FLOOR

\_\_\_\_\_  
Address

NEW YORK, NY 10175

\_\_\_\_\_  
City/State and Zip Code

MTAXIN@RKF.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL TAXIN

212 351-9342

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

RKF GROUP FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 7, 2011 and assigned Florida document number L11000042210.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOHN HENRY ELLIS	521 Fifth Avenue, 7th Floor	<input checked="" type="checkbox"/> Add
		New York, New York 10175	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANDREW C. SCHAUL	521 Fifth Avenue, 7th Floor	<input type="checkbox"/> Add
		New York, New York 10175	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

2018 JUN 13 AM 10:47  
STATE OF FLORIDA  
TAXES & REVENUE

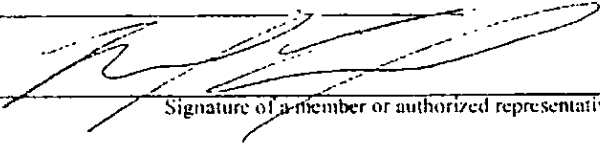
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 13, 2018

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Michael Taxin, Esq., Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signee