

2/15/2019

L1700028140

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : I20140000049
Phone : (786)837-6787
Fax Number : (305)718-0687

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eric@epgdlaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RCS INVESTMENT ENTERPRISES, LLC**

Certificate of Status	0
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Page Count	05
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February 18, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RCS INVESTMENT ENTERPRISES, LLC
2701 PONCE DE LEON BLVD., STE. 202
CORAL GABLES, FL 33134US

SUBJECT: RCS INVESTMENT ENTERPRISES, LLC
REF: L17000028140

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list David Pavon separately on the application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H19000054164
Letter Number: 919A00003418

COVER LETTER

TO: Registration Section
Division of Corporations

RCS INVESTMENT ENTERPRISES, LLC

SUBJECT: _____
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:

Eric P. Gros-Dubois

EPGD Attorneys at Law, P.A.	Name of Person
777 SW 37th Ave. Suite 510	Firm/Company
Miami, FL 33135	Address
eric@epgdlaw.com	City/State and Zip Code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

Eric P. Gros-Dubois	786	837-6787
_____	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

RCS Investment Enterprises, 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 02/06/2017 and assigned Florida document number L17000028140

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 "LLC"

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)

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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

City, Florida 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	Cattani-Pavon, Cynthia A	1409 SW 107th Avenue	<input type="checkbox"/> Add
		Miami, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Cattani-Pavon, Cynthia A	1409 SW 107th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Hall, Jason	1409 SW 107th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Hall, Jason	1409 SW 107th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brioso, Rommel	1409 SW 107th Avenue	<input type="checkbox"/> Add
		Miami, FL 33174	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Brioso, Rommel	1409 SW 107th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>
MBR	PAVON, DAVID	1409 SW 107th Avenue	<input checked="" type="checkbox"/> Add
		Miami, FL 33174	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Blank lined area for amending information.

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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 February 15, 2019

Signature of a member or authorized representative of a member

Eric P. Gros-Dubois

Typed or printed name of signer