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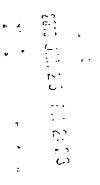
(Requestor's Name)
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COVER LETTER

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	zistration Se vision of Cor			
SUBJECT:	RC GIL. LI			
SOBOLOT.			nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Raul Gil		
			Name of Person	
		RC GIL LLC		
			Firm/Company	
		5418 Wincrest Ct		
			Address	
		Orlando FL 32812		
		RCGILLLC@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	fication)
For further in	iformation c	oncerning this matter, please c	all:	
Raul Gil			732 589-1745	
	Name o	f Person	Area Code Daytim	re Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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

RC GIL. LLC.		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
he Articles of Organization for this Limited Liability Company viorida document number <u>L17000256770</u>	were filed on 12/15/2017 ar	nd assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabil	ity company here:	
C GIL LLC		
ne new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation	on "L.L.C."
nter new principal offices address, if applicable:		
rincipal office address MUST BE A STREET ADDRESS)		
The speed with the second seco		Ţ n
		, ,
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		<u>ب</u>
<u> </u>	,	.,
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here:		ame of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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>	Address	Type of Action
MGR	Cinthia Gil		
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Tective date, if other in effective date is listed, te: If the date inserted cument's effective date. The 90th day after ted 1/2	ed in this block does not on the Department and allowed effect er the record is f	tive date, but no filed.	ot an effective ti	me, at 12:01		be listed a

Page 3 of 3

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