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TALLAHASSEE, FLORIDA

D BRUCE
OCT 02 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RC MORTGAGE & TRUST, 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:

Michelle G. Treca, Esquire
Name of Person
Michelle G. Treca, P.A.
Firm/Company
1133 S.E. 4th Avenue
Address
Ft. Lauderdale, FL 33316
City/State and Zip Code
michelle@floridaclosings.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle G. Treca, Esquire at (954) 467-6711
Name of Person Area Code Daytime Telephone Number

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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

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>
MGRM	Christine Rayner, Trustee	7027 West Broward Blvd, #375 Plantation, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Wilbert Rayner, Trustee	Wilbert Rayner, Trustee 6120 Cypress Road Plantation, FL 33317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Wells Fargo Bank, N.A., Trustee	Wells Fargo Bank, N.A., Trustee 350 East Las Olas Blvd Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

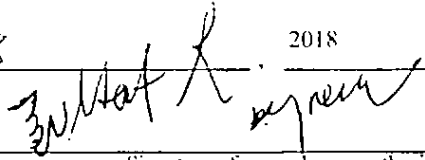
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E. Effective date, if other than the date of filing: January 30, 2018 (optional)

(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 9/21/18 2018


Signature of a member or authorized representative of a member

Wilbert Rayner, Trustee

Typed or printed name of signer