L0600084516

| (Re | equestor's Name) | |
|-------------------------|--------------------|---------------------------------------|
| (Ad | ldress) | · · · · · · · · · · · · · · · · · · · |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700279565007

02/01/16--01039--022 **25.00

16 FEB - 1 PM 2: 47

FEB 0 3 2016 Y SULKER

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|---------------|--------------------------------------|--|---|--|
| CUBIC | RCD, LLC | | | |
| PORTE | CCT: | Name of Limi | ited Liability Company | |
| The end | closed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | Jackson H. Bowman IV | | |
| | | | Name of Person | |
| | | | Firm/Company | <u> </u> |
| | | 1298 38th Avenue NE | | |
| | | | Address | |
| | | St. Petersburg, FL 33704 | | |
| | | | City/State and Zip Code | |
| | | jbowman@mbrfirm.com | to be used for future annual report notif | |
| For for | than in farmation a | | · | ncation) |
| ror lur | iner information co | oncerning this matter, please ca | 411. | |
| Jackso | n H. Bowman IV | | 727 481-9550 at () | |
| | Name of | f Person | at () Area Code Daytime | e Telephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| S \$2: | 5.00 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

| RCD, LLC | | | | | |
|---|--|--|-------------------|----------------|---------|
| (Name of the Limite | d Liability Compan A Florida Limited Li | y as it now appears on our real ability Company) | cords.) | | |
| The Articles of Organization for this Limited Lia Florida document number L06000084516 | ability Company v | were filed on August 25, 20 | 006 | _ and assign | ned |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liabil | lity company here: | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabilit | ty Company," the designation " | LLC" or the abbre | viation "L.L.C | |
| Enter new principal offices address, if applica | 1298 38th Avenue NE | | | | |
| (Principal office address MUST BE A STREET | | St. Petersburg, FL 33704 | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I B. If amending the registered agent and/o | | ice address on our reco | ords, enter th | 5 F | the nev |
| registered agent and/or the new registered off | | | <u></u> | 2:4 | |
| Name of New Registered Agent: | Jackson H. Bow | man IV | | 7 | |
| New Registered Office Address: | 1298 38th Avenu | | | | |
| | | Enter Florida street aa | ddress | | |
| | St. Petersburg | | , Florida 33704 | ļ | |
| | | 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.

r Glanging 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> | Type of Action |
|--------------|----------------------|--------------------------|---|
| AMBR | Jackson H. Bowman IV | 1298 38th Avenue NE | Add |
| | | St. Petersburg, FL 33704 | Remove |
| | | | Change |
| AMBR | Harvey L. Partridge | PO Box 218 | |
| | | Terra Ceia, FL 34250 | Remove |
| | | | Change |
| AMBR | Christian D. Ruppel | 256 Bayside Drive | □ Add |
| | | Clearwater, FL 33767 | Remove |
| | | | ☐ Change |
| AMBR | Dennis G. Ruppel | 295 Bayside Drive | |
| | | Clearwater, FL 33767 | ■ Remove |
| | | | □ Change |
| | | | Add 65 □ Remeve |
| | | | ☐ Change |
| | | | - 100 PA |
| | | | Remove |
| | | | Change |

| | - |
|-------------|-------------------|
| | - - - |
| | - - - |
| | - - |
| | - |
| | - |
| | - |
| | |
| | - |
| | - |
| | - |
| | 5 |
| 15 |] |
| | <u>.</u> ; |
| | - { |
| 2: 4 | - - |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00