1000001606

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	
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400337237984

11/20/19--01111--002 ---25.66

COVER LETTER

	on Section f Corporations		
UBJECT:	RTC REALTY Name of Limited Lia	Dility Company	
he enclosed Artic	es of Amendment and fee(s) are submitted	for filing.	
lease return all co	respondence concerning this matter to the f	ollowing:	
	Robin	N CONE	
		Name of Person	
		Firm/Company	
	457	PALM AVE	
	<u> </u>	<u> 10 Веасн</u>	FL. 32174
	BV6C JAZZ © E-mail address: (to be us	State and Zip Code October 1. Com Ed for future annual report not	tification)
or further informa	tion concerning this matter, please call:		
RO	BIN CONE ame of Person		ne Telephone Number
nclosed is a check	for the following amount:		
\$25.00 Filing F	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)
	LATE INC. A DIDDLESS.	erne erwanin	HEB ADDDECC.

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

RIC	REALTY, LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
he Articles of Organization for this Limited Lia orida document number <u>L070000115</u>	bility Company were filed on	2 and assigned
his amendment is submitted to amend the follow	wing:	
. If amending name, enter the new name of t	the limited liability company here:	
ne new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	
rincipal office address MUST BE A STREET	ADDRESS)	20
		28 157 22
nter new mailing address, if applicable:		
<u> Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	@ \
		· 5
. If amending the registered agent and/or the new registered offi		
Name of New Registered Agent:	CONE, ROBIN 457 PALM AVE	
New Registered Office Address:	457 PALIN AVE Enter Florida street address	
	Ormono BEACH Florida	32174
	City	Zip Code

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

AGR = Manager

MBR = Authorized Member

<u> itle</u>	<u>Name</u>	Address	Type of Action
16.RM	Cone, ROBIN AS TRUSTED	C 457 PALM AVE_	
	THE 2007 CONE PHIMICY IK	Drmonp BEACH	Remove
		FLA 32174	🗹 Change
			
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
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			□ Remove
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Trective date, if other than the date of filing: In effective date, if other than the date of filing: In 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 605 020; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as exament's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. If the file of the effective date of a member or authorized representative of a member.	_	
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Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	nted _	11/16/2019
Signature of a member or authorized representative of a member		Robin Cone

Page 3 of 3

Filing Fee: \$25.00