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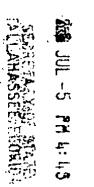
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COVER LETTER

	C	OVER LETTER		
TO: Registration Section Division of Corpo				4
SUBJECT:	RCH CAPITA	AL, LLC ed Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.		5
Please return all correspond	lence concerning this matter to	the following:		i i i
	Peter	C. Jordan Name of Person		
	RCI	H Capital, LLC	<u>-</u>	
	360 Centra	1 Ave., Suite 12 Address	.20	
	St. Peter	rsburg FL 337 City/State and Zip Code ordan erchcapit be used for future annual report notifi	101	
	E-man address: (to	be used for future annual report notifi	ication)	
For further information con	cerning this matter, please cal	i:		
Peter (C. Jordan Person	at (727) 497 - 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



20 JUL -5 PH 4: 43

The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limite	CAPITA (ad Liability Compai A Florida Limited L	ny as it now annears or	TABLE EL	ianne siare Maseefedain
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida			were filed on	ULY 11, 20	o 7 and assigned
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	This amendment is submitted to amend the follo	wing:			
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of	the limited liabi	ility company here:	:	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Enter new principal offices address, if applica	able:			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	• • •			4	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	*******************	<u>BOX)</u>			
New Registered Office Address: Enter Florida street address Florida				ur records, <u>enter</u>	the name of the ne
Enter Florida street address Florida	Name of New Registered Agent:				
Enter Florida street address Florida	New Registered Office Address:				
	<u> </u>		Enter Florida	street address	
City Zip Code				, Florida	
•			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.

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	Ryan S. Razook	360 Central Ave, Suite 1220	
		360 Central Ave, Suite 1220 St. Petersburg, FL 33701	Remove
			Change
·			Add
			Remove
			Change
			D Add
			□ Remove
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lf an effecti <u>Note:</u> If	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	Jely 1. 2019.
	Heed Athe MI
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00