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J. HARRIS

COVER LETTER

TO: Registration Sect Division of Corpo						
JRCR PROPE	PERTIES, LLC					
	Name of Limited Liability Company					
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:					
	Frances Casey Lowe, Esq					
	Name of Person					
Guilday, Schwartz, Simpson, West, Hatch & Lowe, P.A.						
Firm/Company						
	68 A Feli Way					
	Address					
	Crawfordville, FL 32327					
City/State and Zip Code						
	francie@francielowe.com					
	E-mail address: (to be used for future annual report notification)					
For further information con	ncerning this matter, please call:					
Frances Casey Lowe	850 926-8245 at ()					
Name of P	Person Area Code Daytime Telephone Number					
Enclosed is a check for the	e following amount:					
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status Certified Copy Certified Co (additional copy is enclosed) Certified Co (additional copy is enclosed)	of Status &				

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

JRCR PROPERTIES, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Complexity	pany were filed on $\frac{2/13/2008}{}$	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
RCR PROPERTIES #9, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
na consist to 1 a CC section 1 to 10 and 10		
nter new principal offices address, if applicable:		Do B
<u>rincipal office address MUST BE A STREET ADDRES</u>	<u>S)</u>	
		See a product
ter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
maning maneess and I be A I out of I I've body		
		<u> </u>
If amending the registered agent and/or registere gistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter r tortag street address	
	, Flor	
	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 = M $AMBR = A$	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
			□ Add			
			☐ Remove			
			Remove			
			Change			
			Add			
			☐ Remove			
			□ Change			
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			Remove			
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			East to			
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			Character Character			

If amending any othe	r information, enter	r change(s) here:	(Attach additional s	heets, if necessa	ry.)		
							
<u></u>							
							
							
	 				<u> </u>		
		 	- 				
							
Effective date, if othe fan effective date is listed,	r than the date of fil	ling: January 1, 201		(optional	l)	608	0207
Note: If the date inserted document's effective date	ed in this block does no	ot meet the applicabl					
ne record specifies The 90th day afte			in effective time,	at 12:01 a.m	. on the	earlie	er of:
Dated JANUA	l.	2016					
	, JUI 1	0 4	>0.4		Ba.	2018	
	Signature of	f a member or authoriz	ed representative of a n	ember		85 85 85 85 85 85 85 85 85 85 85 85 85 8	Euser gra
	Charles	F. Roh	ert5		3883	$\frac{\omega}{\omega}$	I THE
	- Tribites	Typed or printed r	name of signee		(A.)	<u> </u>	
		Page 3				<u>5</u> 	

Filing Fee: \$25.00