108000089592

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND AHASSEE, FLORIDA

T. CLINE

JUL 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

-July 7, 2010

RICKY STOKES 5100 S. CLEVELAND AVE STE 318 PMB 321 FORT MYERS, FL 33907

SUBJECT: RS 704, LLC Ref. Number: L08000089592

We have received your document for RS 704, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you'ce.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 610A00016444

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please find the articles of correction for RS 704 LLC attached. The DBPR has required that I be made Officer/Manager of RS 704 LLC prior to granting the corporation a Real Estate Company License. I have attached a copy of their letter as well as printout indicating the changes I need made in addition to the required form. Please let me know if there is anything further required to make this change.

Thank you in advance for your attention to this matter.

Regards,

Ricky Stokes 239-466-2886

COVER LETTER

Division of Corpo			
SUBJECT:	RS 704 LLC		
	Name of Limited Liability	/ Company	
The enclosed Articles of A	mendment and fee(s) are submitted for f	iling.	
Please return all correspond	dence concerning this matter to the follow	wing:	
	0		
•	Ricky Stokes	\$	
	Name	of Person	
:			
		Company	•
	5100 S. Cleveland A	Ve STE 3B PMB321	
	Ac	Idress	至名 麗
	For+ Myers, FL 33 City/State		CRE
			ASS ASS
	Cicky Stokes @ gr	nil.com fiture annual report notification)	CRETARY OF STATE
n combatta		ilitare annual report notification)	PH & 44 OF STATE EF, FLORIDA
For further information con	ncerning this matter, please call:		
Ricky St	okes at (239 466 -2886 Area Code & Daytime Telephone Numbe	
Name of F	erson	Area Code & Daytime Telephone Numbe	r
• , • .			
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Certificate of Status	0 Filing Fee & \$60.00 Filified Copy Certification	ling Fec, ate of Status &
1 of FROY mit	(add	litional copy is enclosed) Certified	і Сору
SU CH MINO		addition	nal copy is enclosed)
State AT MAN	·_ · · ·	• • • •	·
∴MAILIŅ	IG ADDRESS:	STREET/COURIER ADDRESS:	
Division	ion Section	Registration Section Division of Corporations	
P.O. Box Tallahass	6327 see, FL 32314	Clifton Building 2661 Executive Center Circle	
	,	Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NS 104 LI	LC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1080000 87592	were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	8200 COLLEGE PANKWAY
(Principal office address MUST BE A STREET ADDRESS)	STE 202
	FORTH MYENS, FL 33719 5
Enter new mailing address, if applicable:	File - p
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the name of the new
Name of New Registered Agent: RICKY	STOKES
New Registered Office Address: 5100 5	CLEUKIAND AUTNUE, STE 318 PADB 32 Enter Florida street address
Font	MYENS, Florida 33907 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby continue the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mana MGRM = Ma	nger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	P27 LLC	5700 S. Cleveland Ave STE316 PMB 321 FOR Myers, FL 33207	∧dd ⁄ Remove
MGR	Ricky L. Stokes	5/00 S. Cleveland Ave 5TE 3K PMB 321 FOG Myecs, FL 33907	Add ☐ Remove
-			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			SEC. AFRICA SEC. A
			PAY OF L
D. If amendi	ig any other information, enter c	change(s) here: (Attach additional sheets, if nec	Friedd Control Remove
	ig any vines mior mation, enter c	mange(s) here: (Amaen adamonal ancels, ly nee	
Tay .			
:	Signature of a me	ember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee