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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: SIMON & SIGALOS, LLP Account Name

Account Number : I19990000176

Phone

: (561)447-0017

Fax Number

: (561)447-0018

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSVCT, LLC			
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) y Company)	-	
The Articles of Organization for this Limited Liability Company were filed on February 23, 2009 and Torida document number L09000017483			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited Hability o	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation	"L.L.C."	
Enter new principal offices address, if applicable:	021		
Principal office address MUST BE A STREET ADDRESS)	A STATE OF THE STA	11	
	28		
Enter new mailing address, if applicable:	SSEC.		
Mailing address MAY BE A POST OFFICE BOX)	F2 5		
	77. W		
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the	new regist	
agent and/or the new registered office address here:	\ <u>-</u>	I	
Name of New Registered Agent:		: • •	
New Registered Office Address:	Enter Florida street address		
		:	
	, Florida	i ada	

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

(((H21000038534 3)))

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

Title	Name	Address	Type of Action
AMBR	Raul Ibanez	3839 NW Boca Raton Blvd. #100	≣Add
		Boca Raton, FL 33431	Remove
AMBR	Terryvette Ibanez	3839 NW Boca Raton Blvd. #100	C Change
		Boca Raton, Fl 33431	
		is a second seco	28 PH 4
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fective date, if other than the c	January 28, 2021	(optional)	:
in effective date is listed, the date must	be specific and cannot be prior to date of fili ck does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuar ry filing requirements, this date will not	it to 605,020 be listed a
record specifies a delayed effective is filed.	date, but not an effective time, at 12:0	I a.m. on the earlier of; (b) The 90th d	lay after the
January 28	2021		;
ated	,,		
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	signature of a member or authorized repres	entative of a member	
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Michael W. Simon			1

Filing Fee: \$25.00