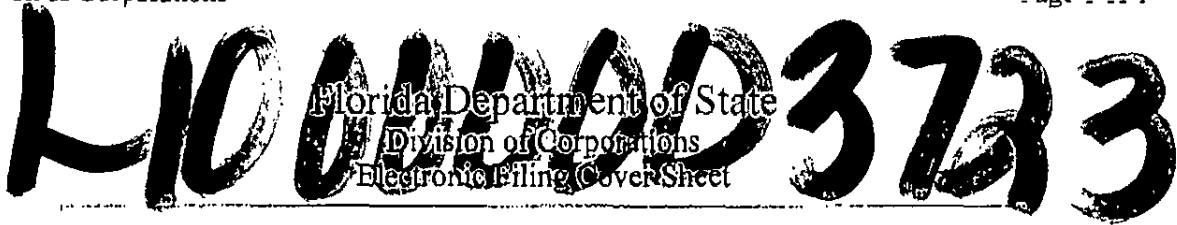


Sep. 15, 2014 10:55AM

No. 6569 Page 1 of 1



**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000216083 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES  
Account Number : I20030000112  
Phone : (239) 552-4100  
Fax Number : (239) 649-0158

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

Email Address:

JLH@SWBCU.com

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DIVISION OF STATE  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EASTMAN CAPITAL MANAGEMENT, LLC**

Certificate of Status	0
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Help

SEP 16 2014  
J. BRUCE

Sep. 15. 2014 10:55AM

No. 6569 P. 2

**COVER LETTER**

((H14000216083 3)))

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Eastman Capital Management, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Carmichael, Esq.

Name of Person

Salvatori Wood Buckel Carmichael & Lottes

Firm/Company

9132 Strada Place, Fourth Floor

Address

Naples, FL 34108

City/State and Zip Code

jlh@swbcl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Carmichael

Name of Person

at (239) 552-4100

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

((H14000216083 3)))

FILED  
2014 SEP 16 AM 8:41  
TALLAHASSEE FL 32301  
CLERK OF SUPERIOR COURT

Sep. 15. 2014 10:56AM

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

No. 6569 P. 3  
(((H14000216083 3)))

Eastman Capital Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 1/11/2010 and assigned  
Florida document number L10000003723.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RFO Investment Advisors, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "C."

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 new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

(((H14000216083 3)))

If am Sep. 15. 2014 10:56AM Authorized Member on our records, enter the title, name, and ad No. 6569, ach P. 4 nger or  
Authorized Member being added or removed from our records:

(((H14000216083 3)))

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

2014 SEP 15 AM 8:42  
 FILED  
 STATE OF FLORIDA  
 TALLAHASSEE

(((H14000216083 3)))

Sep. 15. 2014 10:56AM

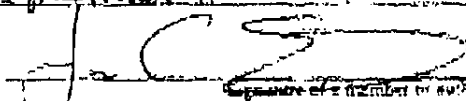
No. 6569 P. 5

\*1). If amending any other information, enter change(s) here: *attach additional sheets if necessary* (((H14000216083 3)))

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific. Cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 11 2014



James C. Eastman

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE FLORIDA

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