

H140002160833

Florida Department of State
Division of Corporations
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((H14000216083 3))



H140002160833ABCZ

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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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14 SEP 15 AM 8:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EASTMAN CAPITAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
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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

2014 SEP 15 AM 8:44
 FILED
 CLERK OF SUPERIOR COURT
 TALLAHASSEE FLORIDA

((H14000216083 3)))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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)

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

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

_____, 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 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

Title Name Address Type of Action

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

_____ Add

_____ Remove

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_____ Remove

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_____ Remove

(((H14000216083 3)))

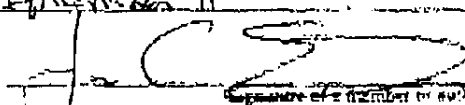
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 STATE OF FLORIDA
 TALLAHASSEE

*D. 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



Signature of a member or authorized representative of a member

James C. Eastman

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 15 AM 8:42

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