L10000030886

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SECKETARY OF STATE
ALLAHASSEE, FLORID

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COVER LETTER

TO: Registration Sect		•
SUBJECT:	R. C. Mason, LLC Name of Limited Liability Company	
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Richard Chambliss Name of Person	
	147 Deer Run Ct.	
	147 Deer Run Ct. Address Havana FL 32333 City/State and Zip Code	
U - Contonio Constitution	E-mail address: (to be used for future annual report notification	
r or turther information cor	ncerning this matter, please call:	
Name of I	Person at () Area Code & Daytime Tele	ohone Number
Enclosed is a check for the	: following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certificate of Status 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
11 JUN -9 AM 8: 48

R.C. Mason	LLC	SECKETARY OF STATE TALLAHASSEE FLORIDA pears on our records.)
(Name of the Limited Liability (A Florida I.	Company as it now ap Limited Liability Company	pears on our records.)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L100000 30886</u>	ompany were filed on	and the second s
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company	here:
The new name must be distinguishable and end with the word "1.1C."	ds "Limited Liability Co	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	w. dopt	
(Principal office address MUST BE A STREET ADDR	(ESS)	
	Partition is a consistent of the desired of the des	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	City	, Florida Zin Code
	cuv	Z.17 C 000

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 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 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 = Manager

MGRM = Managing Member

Type of Action Title **Name Address** Bernon Hilmore Jr. 5289 Birdsview Way Lot 28D Add Tallahassee, 1-6 32304 Rem MIRM ∃Add Remove ☐ Add Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 6-9-11 Signature of a member or authorized representative of a member Chambliss
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00