## 40000065564

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(City	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to I	Filing Officer:	
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## **COVER LETTER**

Divis	ion of Corp	orations		
SUBJECT:	RCG CAPIT	TAL TRUST LLC		
SOBJECT: _		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		CHRYSIAN GARCIA		
		·····	Name of Person	
			Firm/Company	
		13325 KINGSBURY DRI	• •	
			Address	
		WELLINGTON, FL 3341	4	
		CHRYSGARCIA3@GMA	City/State and Zip Code IL.COM	
		E-mail address: (t	to be used for future annual report notification	on) -3
For further inf	formation co	ncerning this matter, please ca	all:	بر
CHRYSIAN	GARCIA		407 201-0670	· 7
	Name of	Person	Area Code Daytime Tele	ephone Number 171
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling 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

TO:

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

RCG CAPITAL TRUST LLC				
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited L	ny as it now appears or Liability Company)	n our records.}	
The Articles of Organization for this Limited Liab	oility Company	were filed on 06/21	/2010	and assigned
lorida document number L10000065564	·			
his amendment is submitted to amend the follow	ring:			
. If amending name, enter the new name of the	he limited liab	ility company here:	:	
HOMESTEAD REAL ESTATE INVESTMENT LL				
he new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the desig	mation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:		13325 KINGSBURY DRIVE		
Principal office address MUST BE A STREET ADDRESS)		WELLINGTON, FL 33414		
		13325 KINGSBUI	BY DRIVE	
inter new mailing address, if applicable:		WELLINGTON, F	<del></del>	
Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>		2 00 1 1 1	<u> </u>
. If amending the registered agent and/or egistered agent and/or the new registered office	ce address here	2:	ur records, <u>enter</u>	the name of the
Name of New Registered Agent:	CHRYSIAN GARCIA			
New Registered Office Address:	13325 KINGSBURY DRIVE			
		Enter Florida	street address	
	WELLINGTON		, Florida <sup>33</sup>	414
		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

Page 1 of 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROGER GARCIA	13325 KINGSBURY DRIVE WELLINGTON, FL 33414	Add
			☐ Remove
			12 Change
MGR	CHRYSIAN GARCIA	13325 KINGSBURY DRIVE WELLINGTON, FL 33414	Add
			☐ Remove
			<b>™</b> Change
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			∑ □ Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if	
	<del></del>
	<u> </u>
09/06/2018	<u>;</u>
	optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements	s after filing.) Pursuant to 605,020 s. this date will not be listed a
document's effective date on the Department of State's records.	.; .;
ne record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	ul a.m. on the earlier o
Dated 09/06 / 18	
A. William	
Signature of a poember or authorized representative of a member	
CHRYSIAN GARCIA	

Page 3 of 3

Filing Fee: \$25.00