

Division of Corporations Electronic Filing Cover Sheet

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(((H110002918083)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

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Fax Number : (305)633-9696

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL CAPITAL PARTNERS, LLC

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12/13/2011

EMPIRE CORP KIT

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## **COVER LETTER**

ro:	Registration & Division of Car					
	.cm	Real Cani	tal Partners, LLC			
SUBJE	:CT:		ted Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please 1	return all correspo	ondence concerning this matter	to the following:			
		Alfredo D. Xiques				
			Name of Person			
	Eduardo Jose Garcia, P.A.					
	•		Firm/Company			
	2950 SW 27th Avenue, Suite 300					
			Address			
			Mlami, Florida 33133			
			City/State and Zip Code			
		g-mail address: (i	exiques@rptgfla.com to be used for future unnual report nonfication)			
For fun	ther information o	concerning this matter, please o	call:			
	Alfre	edo D. Xiques	at ( 305 ) 358-4800			
•	Name	f Person	Area Code & Daytime Telephone Number			
Enclose	ed is a check for t	he following amount:				
<b>[7] \$2</b> 5.	.00 Filing Fea	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &		
	Regista Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec. FL 32314	STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

H 11000291 808

## TO ARTICLES OF ORGANIZATION OF

FILED 19 DEC 13 AM 8:17

Real Ca	pital Partners, LLC	SEC TALL	RETARY OF STATE AHASSEE, FLORIDA
(Name of the Limited Liability (A Florida	Limited Liability Company)	s on aut recards.)	- HOSEE, FLORIDA
The Articles of Organization for this Limited Liability C Florida document numberL10000069808	Company were filed on	06/30/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company ber	<u>e</u> :	
The new name must be distinguishable and end with the wo	rds "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Euter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)		
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 add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	<u>En</u>	ter Florida street add	dress
		, Florida	
<del></del>	City		Zip Code
<b></b>			

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

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ti ameneral eur managers de meneding mirmoris nu out termins fatest <del>die eine nome an</del>o or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> Type of Action Address MGR Lilian Jochem 2950 SW 27 AVE #300 Miami, El 33133 □ Add ☑ Remove Remove 🔲 Remove Remove ∏Add Remove \_\_\_Add Remove D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 21 Dated Signature of a member or authorized representative of a member Otto Travieso, Manager

Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00

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