Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845)425-0077

Fax Number

: (845)818-3588

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RS8, LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

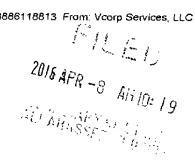
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



RS8, LLC			
(Name of the Limi	ted Liability Compar (A Florida Limited L	y as it now annears or ability Company)	ORI Tecodia")
The Articles of Organization for this Limited L Florida document number L10000089784	iability Company	were filed on 08/26/	2010 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited liabil	lity company here:	
The new name must be distinguishable and contain the v	words "Limited Liability	ty Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of			r records, enter the name of the new
Name of New Registered Agent:	VCORP SERVI	CES, LLC	
New Registered Office Address:	5011 SOUTH ST	TATE ROAD 7, SUIT	
		Enter Florida :	
	DAVIE		31314

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

Zip Code

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MGR = Manager

LO

E 06/LF000091K

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			Add
			□ Remove
			Change G
			- Add
			Change
			O Add To
			□ Remove
			☐ Change
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ed MARCH 7	2016	 	<u>/</u> :	
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Filing Fee: \$25.00