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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 07 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RP MCCABE GROUP 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:

SUSAN L. SEAMAN

\_\_\_\_\_  
Name of Person

RP MCCABE GROUP LLC

\_\_\_\_\_  
Firm/Company

295 PINE OAK LANE

\_\_\_\_\_  
Address

NEW SMYRNA BEACH, FL 32168

\_\_\_\_\_  
City/State and Zip Code

suzq30@ymail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN L. SEAMAN

\_\_\_\_\_  
Name of Person

386  
at ( )  
Area Code

453-7863  
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

SECRETARY OF STATE  
TALLAHASSEE, FL 32301

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RP MCCABE GROUP 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 02/01/2011 and assigned  
Florida document number L11000013058.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

295 PINE OAK LANE

NEW SMYRNA BEACH, FL 32168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

295 PINE OAK LANE

NEW SMYRNA BEACH, FL 32168

**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:

SUSAN L. SEAMAN

New Registered Office Address:

295 PINE OAK LANE

*Enter Florida street address*

NEW SMYRNA BEACH


*City*

, Florida 32168

*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 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>	<u>Type of Action</u>
MGR	SUSAN L. SEAMAN	295 PINE OAK LANE	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH	<input type="checkbox"/> Remove
		FL 32168	<input type="checkbox"/> Change
MGR	ALLEN D. MCCABE	35 W 476 SUNNYSIDE AVE	<input checked="" type="checkbox"/> Add
		ST. CHARLES	<input type="checkbox"/> Remove
		IL 60174	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2016  
SE  
TALL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02071(3)(b)


**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 11/22/2016

22/2016



Signature of a member or authorized representative of a member

SUSAN L. SEAMAN

Typed or printed name of signee

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2016 DEC -5 12:26  
SECURITY STATE  
TALLAHASSEE FLORIDA  
(1)