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SECRETARY OF STATE
ORIO

J. BRYAN

JUL 13 2011

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 7-6-11 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab RMC WATERCAP The new name must be distinguishable and end with the words "Limit"L.L.C."	T LLC	 ation
Enter new principal offices address, if applicable:	\$ 0; \$	
(Principal office address MUST BE A STREET ADDRESS)	- CG & T	7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TARY OF STATE	= RO
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		— new
Name of New Registered Agent:		-
New Registered Office Address:	Enter Florida street address	_
	, Florida	_
	City Zin 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 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member bson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00