## 111000128299

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## **COVER LETTER**

TO: Registration Se Division of Cor						
NUBLECT	RT CAPITA	'AL INVESTING LLC				
SUBJECT:	Name of Lin	mited Liability Company				
	Amendment and fee(s) are sub	-				
r lease return an correspo	nuence concerning this matter	1 to the following:				
	R	RICHARD L. ALLEN III				
		Name of Person				
	CLOU	UD CAPITAL MANAGEMENT				
		Firm/Company				
	213 S.	S. Dillard Street, Suite 150E				
		Address				
	Winter Garden, FL 34787					
		City/State and Zip Code				
rallen070909@gmail.com  E-mail address: (to be used for future annual report notification)						
For further information co	oncerning this matter, please c	call:				
Richard L. Allen III		407 378-6868 at ( )				
Name of	Person	Area Code Daytime Telephone Number				
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)				
Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations				

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RT CAPITAL INV	ESTING LLC		
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appear Liability Company)	s on our records.)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
The Articles of Organization for this Limited I	iability Company	were filed on	November 10, 2011	and assigned
Florida document numberL11000128299				137 1
This amendment is submitted to amend the fol	lowing:			and assigned  John Of Lot Land
A. If amending name, enter the new name of	of the limited liab	ility company he	<u>re</u> :	夏至 人
PÓRTFOL	IO REAL ESTATE	OF FLORIDA LL	С	9 6
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		213 S. DILLAR	D STREET	To the second
		SUITE 150E		
		WINTER GARI	DEN, FL 34787	
Enter new mailing address, if applicable:	213 S. DILLAR	D STREET		
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 150E	<del></del>	
		WINTER GARI	DEN, FL 34787	
				<del> </del>
B. If amending the registered agent and	or registered of	ffice address on	our records, enter	the name of the new
registered agent and/or the new registered o	ffice address her	<u>e</u> :		
Name of New Registered Agent:	·	<del></del>		
New Registered Office Address:	213 S. DILLAF	RD STREET, SUIT	E 150E	
		Enter Flori	ida street address	
	WINTER GAR	DEN	_ Florida <sup>34</sup>	787
		City	<del></del> :	

## 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:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
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			□ Remove
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fect n efi nte:	ive date, if other than the date of filing:    S   T   (optional)
cun	thent's effective date on the Department of State's records.
red	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
The	90th day after the record is filed.
	August 14 . 2017.
	August 14 . 2017.
	follow .

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Filing Fee: \$25.00