L12000006950

(Requestor's Name)				
(Address)				
(Ad	dress)	·		
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





200219223702

02/08/12--01005--009 **25.00

PILED
2012 FEB -8 AM 10: 32
SECRETARY OF STATE
AND AREA STATE

J. BRYAN

FEB - 9 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	RCM IN	ITERIORS, LLC	
•	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	7.0
Please return all corres	pondence concerning this matte	r to the following:	2012 FEB -8 AM 10: 32 TALLAHASSEE, FLORID TALLAHASSEE, FLORID
	SET SO I		
RCM INTERIORS, LLC			Salar Salar
•	32	203 SWORFISH DRIVE	•
		Address	
	PANAN	MA CITY BEACH, FL 32408	
		City/State and Zip Code	
	rn	niles1950@gmail.com	
	E-mail address: (to be used for future annual report notifica	ation)
For further information	concerning this matter, please	call:	
F	Rob O'Farrell	at (_850) 2	71-1596
Name	of Person	Area Code & 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)	S60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RCM IN LEF	RIORS, INC		9
• (Name of the Limited Liability Compa (A Fiorida Limited I	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	1/17/2012	and assigned
Florida document number <u>L1200006950</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	any," the designation "l	LLC" or the abbreviatio
Enter new principal offices address, if applicable:	20414 FRON	T BEACH ROAD	
(Principal office address MUST BE A STREET ADDRESS)	PANAMA CITY BEACH, FL 32413		
Enter new mailing address, if applicable:			,
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on o	our records, <u>enter (</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
	Name	Address	Type of Action
			Add
			Remove
			
			Add
			Remove
			Add Remove
		·	
			Add Remove
		-	
			Add
			Remove
			Add
			Remove
) Ifaman	ding any other information, enter shows	ge(s) here: (Attach additional sheets, if necessary)	
. II amen	ding any other information, enter thang	ge(s) here: (Anach daantonal sneets, if necessary)	S =
			FILE DEB-8.
			場。「
			410: 32 FLORIDE
	2/4/		P
Dated	706 200	3/2.	
	Kol Hangle		
	Rob O'Farrell	r or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00