

L12000019959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

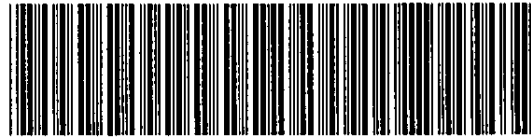
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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D. BRUCE

OCT 1 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RC1605 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:

Juan Acosta

Name of Person

Iskander Inc.

Firm/Company

485 Brickell Ave. Unit 2501

Address

Miami, FL 33131

City/State and Zip Code

jacosta@iskander-inc.com

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Juan C. Acosta

at ( 305 )

~~485 725~~ 433 7295

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)      ☐ \$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

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

RC1605 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 02/10/2012 and assigned  
Florida document number L12000019959

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 end with 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*City*

*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 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>              | <u>Type of Action</u>                      |
|--------------|----------------------|-----------------------------|--|
| MGRM         | JAP Corporation C.V. | 485 Brickell Ave. Unit 2501 | <input type="checkbox"/> Add               |
|              |                      | Miami, FL 33131             | <input checked="" type="checkbox"/> Remove |
| MGR          | Gonzalo Pascual      | 485 Brickell Ave. Unit 2501 | <input checked="" type="checkbox"/> Add    |
|              |                      | Miami, FL 33131             | <input type="checkbox"/> Remove            |
| MGR          | Iskander Inc.        | 485 Brickell Ave. Unit 2501 | <input checked="" type="checkbox"/> Add    |
|              |                      | Miami, FL 33131             | <input type="checkbox"/> Remove            |
|              |                      |                             | <input type="checkbox"/> Add               |
|              |                      |                             | <input type="checkbox"/> Remove            |
|              |                      |                             | <input type="checkbox"/> Add               |
|              |                      |                             | <input type="checkbox"/> Remove            |
|              |                      |                             | <input type="checkbox"/> Add               |
|              |                      |                             | <input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated September 21, 2012

Signature of a member or authorized representative of a member  
 Iskander Inc. (Authorized Representative)

Typed or printed name of signee

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