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COVER LETTER

Division of Corporations
SUBJECT: RCENTERPRISES OF THE TREASURE COAST LLC
Name of Limited Liability Company
SUBJECT: RCENTERPRISES OF THE TREASURE COAST 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:
Please return all correspondence concerning this matter to the following:
WILLIAM R. CHEER Name of Person
Firm/Company
1434 SW. SAN SEBASTIAN AVE.
Audress
PORT SAINT LUCIE, FLORIDA 34953 City/State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM R. CHERR at (772) 237 05-66 Name of Person Area Code & Daytime Telephone Number
Name of reison Area Code & Daytine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO: 'Registration Section

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

TILED ST. ST. The Articles of Organization for this Limited Liability Company were filed on MARCH Florida document number <u>L12000031817</u>. 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." 1434 S.W. SAN SEBASTIAN AVE. PORT SAINT LUCIE FL. 54953 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) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** Remove Remove Remove Remove

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

•	
,	
d	July 25, 2013.
	-
	Signature of a member or authorized representative of a member
	WILLIAM F. CHEER
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

MB JUL 29 PH 2: 56

SECRETARY OF STATE A

TALLAHASSEE, FLORIDA