L12000075670

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
·				
(Business Entity Name)				
(Document Number)				
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12 JUN 25 PM 3: 58
SECRETARY OF STATE
SECRETARY OF STATE

JUN 2 8 2012 EXAMINER

COVER LETTER

TO:	Registration Section Division of Gorpo		5 158 0 € 4. 179 55	en e		
خيين	•	105	204 11 0			
SUBJE	CT:		RC1, LLC			
		Name of Limit	ed Liability Company			
The end	closed Articles of Ar	nendment and fee(s) are subi	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
		C	Christian M. Fleming_			
			Name of Person			
		Fler	ming & Fleming, PLLC			
			Firm/Company			
		1189	31 US Hwy 1, Suite 100			
			Address			
		North	Palm Beach, FL 33408			
			City/State and Zip Code			
	cfleming@lawpalmbeach.com E-mail address: (to be used for future annual report notification)					
For fur	ther information con	cerning this matter, please ca	ıll:			
Christian M. Fleming Name of Person			at (561) 6	22-2700 Telephone Number		
Enclose	ed is a check for the	following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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 FILED **OF**

12 JUN 25 PM 3: 50

		12 0011 20 111 01	36		
J	ORC1, LLC	SECTETARY OF STA	.TE		
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now app	ears on our records.	IIDA:		
(A Florida	Ellinted Liability Company	·)			
The Articles of Organization for this Limited Liability (Company were filed on _	June 6, 2012	and assigned		
Florida document numberL12000075670	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability company b	ere:			
The new name must be distinguishable and end with the wo	rds "Limited Liability Com	many " the designation "I l	C" or the abbreviation		
"L.L.C."	ras Ellinica Elabinity Con	pany, the designation Li	JC Of the abbit viation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDI	RESS)				
Enter new mailing address, if applicable:	<u> </u>				
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter th	e name of the new		
registered agent and/or the new registered office add	ress_nere:				
Name of New Registered Agent:					
Name of New Registered Agent.					
New Registered Office Address:		Euton Florido streat addu			
	Enter Florida street address				
		, Florida	7: 0 1		
	City		Zip Code		
New Registered Agent's Signature if changing Degisters	d Aganti				

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>	Address	Type of Action		
MGR_	Cynthia Marks	300 N. Highway A1A #F105 Jupiter, FL 33477, US	Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	_		
			12 JUN 25 PH 3:		
Dated	11.	- Inde	AUDA ATE 88		
	Signature of a me	mber or authorized representative of a member			
		Norman Marks yped or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00