Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROSSWAY MOORE & SWAN, P.L.

Account Number : I20050000159 Phone : (772) 564-7844 Fax Number : (772)564-7845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RMS PARTNERS FUND, LLC

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MAR 1 8 7013

\$5,00

T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

RMS Partners Fund, 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:

Kevin M. Barry, Esq

Name of Person

Rossway Swan Tierney Barry, P.L.

Pirm/Company

2101 Indian River Blvd., Suite 200

Vero Beach, FL 32960

City/State and Zip Code

kbarry@verobeachlawyers.com

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

Por further information concerning this matter, please call:

Kevin M. Barry

Name of Person

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 Taliahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DMC Bada and Frond 11.0		ALECTICA SECTION
RMS Partners Fund, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Conference of Organization for this Liability Conference of Organization for Orga	ompany were filed on June 15, 2012	SSEARCH STATE
This amendment is submitted to amend the following:		5 9
A. If amending name, enter the new name of the limi	ted liability company here:	<i>P</i>
RSTB Partners Fund, LLC		
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the new
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 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

Mar.	17.	2014	4:55PM	Rossway	Moore	Swan
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No. 0050 P. 4

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
<u> </u>			Add
			Remove
			Remove
			CJ Add
			□ Remove
		☐ Add	
		<u> </u>	□ Remove
			Remove 70 H MARATI PLORIDA 1 A LLAHA SSEE FLORIDA
			7: 29
			LI Agg
			□ Remove

Mar. 17. 2014 4:55PM Ro	ssway Moore Swan	No. 3050 P. 5
D. If amending any other information	on, enter change(s) here: (Attach additio	onal sheets, if necessary.)
E. Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flor	be prior to date of receipt or filed date and cannot b	(optional) be more than 90 days after
Dated March 17		
	ignature of a member or authorized representative	of a member
Kevin M. Barn		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

FILED

2014 HAR 17 AM 7: 29

SECRE FARY OF STATE
AND ASSEE, FLORIDA