

L1200000800 485 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

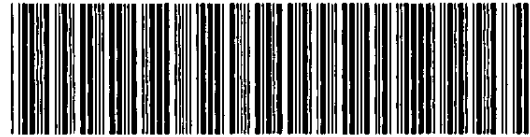
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200237546802

07/23/12--01046--023 **25.00

FILED
12 JUL 23 PM 3:46
CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 24 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RNC Miami Lakes, 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:

David W. Southwell

Name of Person

David W. Southwell CPA, PLLC

Firm/Company

16191 NW 57th Avenue

Address

Miami, Florida 33014

City/State and Zip Code

david@southwellcpa.com

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

For further information concerning this matter, please call:

David W. Southwell

Name of Person

at (305)

621-0220

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

FILED
12 JUL 23 PM 3:13
TALLAHASSEE, FLORIDA

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

RNC Miami Lakes, 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 6/18/2012 and assigned
Florida document number L12000080683.

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)

16191 NW 57th Avenue

Miami, Florida 33014

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

16191 NW 57th Avenue

Miami, Florida 33014

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: Trust Advisors Corporation

New Registered Office Address: 16191 NW 57th Avenue

Enter Florida street address

Miami, Florida 33014
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 | Comunale, Robert | 8600 NW South River Drive, Suite 222 Miami, Florida 33166 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Southwell, David W. | 16191 NW 57th Avenue Miami, Florida 33014 | <input checked="" type="checkbox"/> Add <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 |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

TALLAHASSEE, FLORIDA

12 JUL 23 PM 6:00

FILED

Dated July 17, 2012

Signature of a member or authorized representative of a member
Robert Comunale

Typed or printed name of signee