Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RMC L&M

Account Number : I20130000025

Phone : (813)960-8154

Fax Number : (813)963-2596

SECRETARY OF STA

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

Email Address:

3 JUN 19 PH 4: 24 ECNETARY OF STATE LAHASSEE, FLORID

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RMC ROSS REALTY, LLC

Certificate of Status	0	
Certified Copy	0	C. LEWIS
Page Count	05	JUN 2 0 2013
Estimated Charge	\$25.00	I.
		EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:

Registration Section Division of Corporations

C Ross Realty,

Name of Limited Liability Company

The enclosed Articles of Amendment and fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Dendler

RMC Property Group

8902 N. Dale Mabry Hwy, Ste 200

Tampa, FL 33614

mdendler@rmcpg.com

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

For further information concerning this matter, please call:

Michelle Dendler

at 813 960-8154, ext. 214

Area Code & Daytima 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

BILED

3 JUN 19 AM 8:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

RMC Ross Realty, 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 Liabilit	ry Company were filed on May 24,	2013 and assigned
Florida document number L13000076382		
This amendment is submitted to amend the following	3.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX]	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la 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 amending the Managers or Managing Members on our records, enter the utile name and address of each Manager or Managing Member being added or removed from our records:							
MGR = Manag MGRM = Man	ger Laging Member	SECRETARY OF STATE					
Title	Name	TALLAHASSEE. FLORIDA	rpe of Action				
MGR	H. Robert Eggleston, III	8902 N. Dale Mabry Hwy, Ste 200	Add				
		Tampa, FL 33614	Remove				
MGR	Elysia Tucci	8902 N. Dale Mabry Hwy, Ste 200	Add				
		Tampa, FL 33614	Remove				
			Add Remove				
			Add Remove				
			Add Remove				
	·	•	Add Remove				

D. If amending an	y other informati	on, enter change(s) here: (Attach a	dditional sheets, if necessary;)	ILED
			JUN 1	19 44 0
			SECRETAL	RY OF STATE SEE, FLORIDA
				SEE, FLORIDA
				•
	_			
Dated June	19	2013		
	M			_
- (_ 		ature of a member or authorized represe ice, Manager	ntative of a member	
<u> 3u</u>	Latine L. N	Typed or printed name of sig	mee	

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Filing Fee: \$25.00