

L13000101815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
13 OCT -9 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 11 2013

T. BROWN

October 7, 2013

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

This cover letter serves as our official request for a name change for BCS Processing, LLC. The LLC was formed on July 18, 2013 with Florida document # L13000101815. We officially request the Articles of Organization be amended to reflect the name of

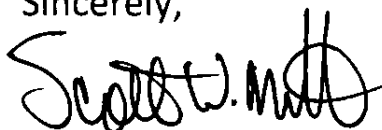
RCS Processing, LLC

If you have any further questions, Please contact me at [smiller@rcsprocessing.com](mailto:smiller@rcsprocessing.com) or call at 407-967-1050.

Please send the Certificate of Status to:

Scott Miller  
604 N. Thornton  
Orlando, FL 32803

Sincerely,

A handwritten signature in black ink, appearing to read "Scott W. Miller", with a stylized flourish at the end.

Scott W. Miller

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **BCS Processing, 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:

**Scott W. Miller**

Name of Person

Firm/Company

**604 N. Thornton Ave**

Address

**Orlando, FL 32804**

City/State and Zip Code

**smiller@rcsprocessing.com**

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

For further information concerning this matter, please call:

**Scott Miller**

Name of Person

at ( **407** ) **967-1050**

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

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

**FILED**  
13 OCT -9 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BCS Processing 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 July 18, 2013 and assigned Florida document number L13000101815.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

RCS Processing, LLC

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)**

604 N. Thornton Ave.

Orlando, FL 32804

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

604 N. Thornton Ave

Orland, FL 32804

**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 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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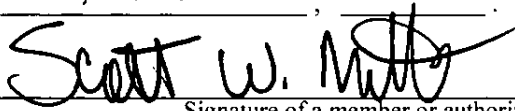
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Dated October 7, 2013



Signature of a member or authorized representative of a member

Scott W. Miller

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**