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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	RTC +	Hialeah LL led Liability Company	<u>-C</u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
-	Richard W	Jasecstein	
•		Name of Person	
		Firm/Company	
	1124 Kare	Concouse	
		Address	
	Boy Harb	City/State and Zip Code	Fl. 33154
	E-mail address: (1)	City/State and Zip Code S Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.com.
For further information con	ncerning this matter, please ca	11:	
Richard		at (786	201 1455
Name of I	Person	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)	Sed) \$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 2014 JUN 30 PM 12: 58

SECHTARY OF STATE TALLAHASSEE, FLORIDA

RTC Hiclach 110

1170 11101		<u> </u>		·
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it no mited Liability C	ow appears o ompany)	on our records.)	
the Articles of Organization for this Limited Liability Comlorida document number 17300 12699.		ed on	1/9/2012	3 and assigned
fortida document number LT) 000 1 LB 11.	· 1			
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	d liability com	ipany here	;	
R C Hialeal the new name must be distinguishable and end with the words "Limite	ed Liability Comp	pany," the de:	signation "LLC" or	the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		·		
Principal office address MUST BE A STREET ADDRES				
Tincipal office address MOST DE ASTREET ADDRES	<u> </u>			
				·
Entar navy mailing address if applicables				
Enter new mailing address, if applicable:			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Mailing address MAY BE A POST OFFICE BOX)				-
If amounting the periotened areas and/on perioten	and affine adv	Juana am a		tou the name of th
 If amending the registered agent and/or register egistered agent and/or the new registered office addres 		iress on o	our recorus, <u>en</u>	ter the name of the
Name of New Registered Agent:				
• • •				
New Registered Office Address:	<u> </u>	Futar Florida	a street address	
		Emer 1 tortue		
	City		, Florida	Zip Code
	•			zip Code
New Registered Agent's Signature, if changing Registered A	Agent:			
hereby accept the appointment as registered agent and	d agree to act	t in this ca	pacity. I further	r agree to comply wi

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

MGR = 'Mar AMBR = Aut	nager horized Member		
<u>Title</u>	Name	Address	Type of Action
MacM	12 Scrathan Katz	1108 Kare Consourse #309	Add
		1108 Kare Consouse #309 Brugharbor 1 Ft. 33154	Remove
· .			
			Remove
			□ Remove
			Remove
			Remove
			☐ Remove

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:

	_
tive date, if other than the date of filing: fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the this document is filed by the Florida Department of State)	(optional) han 90 days after
June 27 (2014)	
Signature of a member or authorized representative of a mem	nber

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Filing Fee: \$25.00

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