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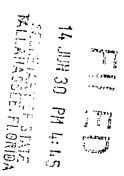
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RTC HILLS botto L 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:
Richard Wasustein Name of Person
Firm/Company
1124 Kane Cancourse
Bay Harbox Tslaw Fl. 33154 City/State and Zip Code Language Color Com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard at (78b) 201 1455 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$60.00 Filing Fee, Certificate of Status & 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

RIC HI		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our ra a Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>6\26</u> 249	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		ONE CO Press
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		cords, <u>enter the name of the new</u>
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

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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending ar	y other information, enter change(s) here: (Attac.	th additional sheets, if necessary.)
E. Effective date,	if other than the date of filing: must be specific, cannot be prior to date of receipt or filed date an	(optional)
the date this docur	nust be specific, cannot be prior to date of receipt or filed date ar nent is filed by the Florida Department of State)	nd cannot be more than 90 days after
Dated	6/27/14	
	My while	
	Signature of a member or authorized repr	, (
	Typed or printed name of	seistan Isignee
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Page 3 of 3

Filing Fee: \$25.00