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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Ta:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	: IRIS A. SALINAS
Account Number	: 120170000079
Phone	: (786)877-8448
Fax Number	: (305)593-1817

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

Email Address:\_\_\_\_



Electronic Filing Menu Corporate Filing Menu

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RC 23 INVESTMENT, LI	LC				
(Name of	the Limited Liability Company as (A Florida Limited Liabil	ilt now appears ily Company]	<u>. on our r</u>	ecords.)	
The Articles of Organization for this Li Florida document number		e filed on <u>07/2</u>	22/2014		and assigned
This amendment is submitted to amend	the following:				
A. If amending name, <u>enter the new</u>			-		17
The new name must be distinguishable and con	tain the words "Limited Liability C	ompany," the dea	signation	"LLC" or the abbrevi	ation L.C."
Enter new principal offices address, i	f applicable:			<u>&gt;</u>	28
(Principal office address MUST BE A	<u>STREET ADDRESS)</u>				
Enter new mailing address, if applica (Mailing address MAY BEA POST O					<b>5</b> 0
B. If amending the registered age registered agent and/or the new regis Name of New Registered Age	tered office address here:	address on	our ree	cords, <u>enter the</u>	name of the new

Name of New Registered Agent:			·
New Registered Office Address:	2422 NW 87 PL	ACE	
<u>reen Registered Oniversigness</u> .		Enter Florida	s street address
	DORAĹ		Florida <sup>33172</sup>
		City	Ziyî Coxle

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 dutics, 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 Chauging Registered Agent, Signature of Now Registered Agent

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SEP-28-2017 11:45 From: PACHECO 3055931818 To: 18506176383 Page: 444

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If amending Authorized Person(s) authorized to manage,	enter the title, name, and address of each person being added
or removed from our records:	

MGR = Manager MBR = Authorized Member

. .

Title	<u>Name</u>	Address	Type of Action
MGR	OSCAR RAMIREZ	9737 NW 41 ST. SUITE 97	Add
		DORAL, FL 33178	🔲 Remove
			Change
MGMBR	NELLY A COPPOLA	9739 NW 10 TER	
		MIAMI, FL 33172	C Remove
			🖬 Change
<del>_</del>			O Add
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