

L14000152657

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : RMC PROPERTY GROUP
Account Number : I20040000170
Phone : (813)960-8154
Fax Number : (813)963-2596

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

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
192 & MINTON, LLC**

Certificate of Status	0
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8/14/2015 10:01:57 AM PAGE 1/001 Fax Server



August 14, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

192 & MINTON, LLC
8902 N. DALE MARRY HWY STE. 200
TAMPA, FL 33614

SUBJECT: 192 & MINTON, LLC
REF: L14000152657

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please verify the Ambr/Mgr info.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H15000195741
Letter Number: 415A00017169

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TALLAHASSEE, FLORIDA

2015-08-19 14:08:03 (GMT)

From: Fax

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 192 & Minton, 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:

Elysia Tucci

Name of Person

192 & Minton, LLC

Firm/Company

c/o 8902 N. Dale Mabry Hwy., Ste. 200

Address

Tampa, Florida 33614

City/State and Zip Code

ETucci@rmcpq.com

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

For further information concerning this matter, please call:

Lynn Valaes

813 252-2900 ext. 201

Name of 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)

☐ \$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

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TALLAHASSEE, FLORIDA

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

192 & Minton, 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 9/30/14 and assigned Florida document number L14000152657.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	H. Robert Eggleston, III	8902 N. Dale Mabry Hwy., Ste. 200	<input checked="" type="checkbox"/> Add
		Tampa, Florida 33614	<input type="checkbox"/> Remove
Mgr	Michael J. Leeds	8902 N. Dale Mabry Hwy., Ste. 200	<input type="checkbox"/> Add
		Tampa, Florida 33614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated January 13, 2015



Signature of a member or authorized representative of a member
Mitchell F. Rice

Typed or printed name of signer

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Filing Fee: \$25.00

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