

L14000177954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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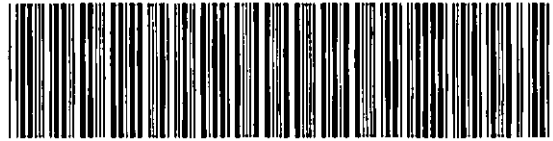
(Business Entity Name)

(Document Number)

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18 JUN 21 AM 10:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER

JUN 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RPS CAPITAL 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:

JAVIER RIERA

Name of Person

Firm/Company

340 SEVILLA AVE

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

JRIERA33@YAHOO.COM

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

For further information concerning this matter, please call:

J RIERA

305

5058972

at (_____) _____

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

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

RPS CAPITAL 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 NOVEMBER 17, 2014 and assigned Florida document number L14000177954.

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 contain 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)

340 SEVILLA AVENUE

CORAL GABLES, FLORIDA 33134

FILED
SECTION OF CORPORATION
18 JUN 21 AM 10:58

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

340 SEVILLA AVENUE

CORAL GABLES, FLORIDA 33134

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: JAVIER RIERA

New Registered Office Address: 340 SEVILLA AVENUE

Enter Florida street address

CORAL GABLES, Florida 33134

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent:

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAVIER RIERA	340 SEVILLA AVE.	<input checked="" type="checkbox"/> Add
		CORAL GABLES FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUSTIN A SCHAEFER	4760 BAY POINT RD	<input type="checkbox"/> Add
		MIAMI FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAIME LUIS PARLADE	13040 SW 70TH AVENUE	<input type="checkbox"/> Add
		PINECREST, FL 33156	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

18 JUN 21 AM 10:58

FIELD
SECRETARY OF DEFENSE
DIVISION OF CORPUSCULUM
18 JUN 21 AM 10:58

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

June 20 A 2018

Signature of a member or authorized representative of a member

JAVIER RIERA

Typed or printed name of signee