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TO: Registration Section Division of Corporations
SUBJECT: RBC Innovations and Solutions
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nancy Casimir Name of Person
Name of Person
RBCInnovations and Solutions
Firm/Company
101 NW 197th St Address
Address
Miani, FL 33169 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBC. TO	moradons 3 Duhans
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on 09/13/2015 To and assigned
Florida document number <u>L15000028</u>	8025.
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
F-A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFF <u>ICE B</u>	20%
Manning dadress MAT BE A FOST OFFICE B	<u></u>
B. If amending the registered agent and/o registered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the new</u> ice address here:
	N and O mission
Name of New Registered Agent:	Nancy Casimir
New Registered Office Address:	Enter Florida street address
•	, Florida

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 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR MGR	Nancy Casimir	101 NW 197731-	Add
	•		Remove
			☐ Change
			🗆 Add
			Remove
			□ Change
			🗖 Add
			Remove
			Change
			Add
			□ Remove
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		2000 100 100 100 100 100 100 100 100 100	☐ Change
			Remove □
			□ Change

Hello, Thank you gor enclud	ene
the documents recessary	
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myself Vancy Casim. r as a authorized member and manage	Λ
authorized member and manage	yr.
Thanks	
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fective date, if other than the date of filing:	_ (optional)
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 dote: If the date inserted in this block does not meet the applicable statutory filing requirements	
cument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 1	2:01 a.m. on the earlier
The 90th day after the record is filed.	
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,	20 CD
M	
Signature of a member or authorized representative of a membe	T Significant Company
Signafure of a member or authorized representative of a membe Nanu Casimi Typed by printed name of signee	T SEE OF TO

Page 3 of 3

Filing Fee: \$25.00