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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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**500290594535** 09/29/16--01032--031 \*\*30.00

FILED

16 SEP 29 PM 3: 04

SECRETARY OF STATE
AND ANASSEE: FLORDA

D. SCOTT SEP 3 0 2016

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: RER	CAPITAL I	NVESTMENTS ited Liability Company	LLC.	
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
, <del>-</del>		Rame of Person		
	( E C (	CAPITAL INVEST	tments LLC	<b>-</b> ·
_	1009 Shad	y PARK Terrace	Ε	
_1	Daytona B	City/State and Zip Code		SECRET SER
For further information concer		829 SO AOL ICO to be used for future annual report no	otification)	EP 29 PH 3: ELIMIN OF STA MASSEE, FLOR
RENATO R	AMIREZ	at (386) 85 Area Code Dayti	2-6076 me Telephone Number	AL OF
Enclosed is a check for the foll	owing amount:			
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
MAILING A Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	red Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	iability Company were filed on 4/67/15 and assigned
Florida document numberL / Scooo61	
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
	<u> </u>
	<b>三角名</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	BOX)
_	
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	Joseth ROCES
New Registered Office Address:	433 Silver Reach AVE Suite 103 Enter Florida street address
	Daytona BERCh, Florida 32/18  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 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>	Address	Type of Action
MGR	RENATO RAMIREZ	433 Silver Beach AVE,	Add
		433 Silver Beach AVE, Suite 103, Daytone Beach FL3 2 321	R2008 Di Remove
			Change
	<del></del>		🗆 Add
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signature of a member or authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00