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COVER LETTER

TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

20 MAY 15 FA 3: 50 R & C'ASSET MANAGEMENT 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: ADRIAN R. CASTRO Name of Person ADRIAN R. CASTRO, P.A., ATTORNEY AT LAW Firm/Company 505 E. JACKSON ST., SUITE 210 Address TAMPA, FLORIDA 33602 City/State and Zip Code rickcastro@castrolawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ADRIAN R. CASTRO Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

R & C ASSET MANAGEMENT LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	ar records.)	
The Articles of Organization for this Limited Liability Corollary	ompany were filed on 3/18/201:	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designat	ion "L.L.C." or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our record	s, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	Not additional	
	City	, Florida	
New Registered Agent's Signature, if changing Registered	·	<i>κφ του</i> τ	
Thereby account the appointment as registered agent is		ity I further gaves to comply with the	

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 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
AMBR	ROGER K. CASTRO	505 E. JACKSON, ST. SUITE 210	■Add
		TAMPA, FLORIDA 33602	□Remove
		 	□Change
			□ Add
			□Remove
			☐ Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	be specific and cannot be prior sek does not meet the applic	to date of filing or more than cable statutory filing requir		
record specifies a delayed effective Lis filed.	date, but not an effective t	ime, at 12:01 a.m. on the e	arlier of: (b) The 90th day afi	ter the
ated MAY 13	2020	<u> </u>		
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	Signature of a member or auth	orized representative of a mer	nber	