

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RCF DEVELOPMENT GROUP, LLC

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8/5/2015 2:47:55 PM From: To: 8506176383( 2/4 )

## ARTICLES OF ORGANIZATION

ARTICLES OF AMENDMENT **OF** 

RCF DEVELOPMENT	GROUP, LLC
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(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 Comp	any were filed on <u>07/31/201</u>	5 and assigned
Florida document number L15000129922		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	llability company here:	
GARRONSON GROUP, LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		records, enter the name of the new
Name Barrietan d Office Address.	·	
New Registered Office Address:	Enter Florida stre	ei address
		. Florida
	City	, Florids Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my di as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is

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 = A AMBR = A	MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			□ Remove		
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			HICKER STAR 7: 40		
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D. If amendia	ng any other information, enter change(s) here: (Attach additional sheets, if necessar	かり	
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Note: If the	Lipon Filing (optional educe of filing:  Lipon Filing (optional educe is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing educe inserted in this block does not meet the applicable statutory filing requirements, this date effective date on the Department of State's records.	g.) Pursuant to 6	05.0207 (3)(b) sted as the
If the record (b) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. th day after the record is filed.	. on the ear	iler of:
Dated Aug	gust 5 2015		
	Vact w Horis		15 AUG 71
	Signature of a member or authorized representative of a member	(ETAR) (HASS	O T
-	Victor W. Holcomb, Authorized Representative  Typed or printed name of signee		***************************************
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