L15000164506

•		
	(Requestor's Name)	
	(Address)	
	(,	
	(Address)	
	(City/State/Zip/Phone #)	
	, , ,	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Enkity Name) (Document Number) Centified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
	(Business Entity Name)	
-	•	
1	(Document Number)	
Certified Copies	_ Certificates of St	atus
~		
Special Instructions to	Filing Officer:	
ı		
		İ
		j
		ļ

Office Use Only

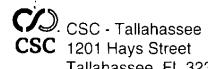


900419944369

2023 DEC 12 AH 11: 42

FILED

RECEIVED



Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 12/12/23

Order #: 1333298-8 Re: RTR M2C, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

- Enclosed please find: -- -

Amount to be deducted from our State Account: \$25.00 - FL State Account Number: I2000000195

gue Le man

Authorization:

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO.

Registration Section

Division of Cor	perations								
SUBJECT:	RTF	R M2C, LLC							
SUBJECT:	Name of Lim	ited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please return;all correspo	ondence concerning this matter	to the following:							
		Molly Gilhart							
		Name of Person							
		Trilogy Real Estate Group							
		Firm/Company							
. 520 W. Erie St., Ste. 100									
		Address							
		Chicago, IL 60654							
		City/State and Zip Code mgilhart@trilogyreg.com							
	E-mail address: (to be used for future annual report not	lification)						
For further information o	oncerning this matter, please c	all:							
Molly	Gilhart	at (312) 750-0 Area Code Daytin	900						
Name o	f Person	Area Code Daytir	ne Telephone Number						
Enclosed is a check for t									
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
Mailing Addre		Street Address:							
Registration Division of C		Registration Se Division of Co							
P.O. Box 632		The Centre of							
Tallahassee,	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTR M2C, LLC	C 2023 DEC 12 AM II: L2
(Name of the Limited Liability Comna (A Florida Limited L	
	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on09/28/2015 and assigned
Florida document number <u>L15000164506</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
N/A	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1 Concours Way
(Principal office address MUST BE A STREET ADDRESS)	Opa-Locka, FL 33054
Enter new mailing address, if applicable:	1 Concours Way
(Mailing address MAY BE A POST OFFICE BOX)	Opa-Locka, FL 33054
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registere
Name of New Registered Agent: N/A	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
	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.

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>	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		-	□Add
			☐Remove
			Change
			DAdd
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□Change
			□Add
			Remove
			□Change
			

					· · · · · ·		· · · · · · · · · · · · · · · · · · ·			_	
											_
					• • •		-			_	_
											_
											-
									-		_
											_
			-						Ž.	2023	— — —
								<u> </u>	<u> </u>	DE DE	-
									AH I	<u></u>	
			_						SSE	2	
									11 -(14 <u>cr.</u> -(11	AM II	- į :
									LORID,	9.4	_
			——					<u> </u>	DF.	<u>5</u>	_
											
					,						-
											_
ал effective dai <u>ote:</u> If the da	e, if other than te is listed, the dat ate inserted in the ective date on t	te must be speci his block does	ific and can s not meet	not be prior the applic	able statut	iling or more ory filing r	than 90 days	optiona after filir s, this da	na i Primo	iant to 60 ot be lis	05.020° sted as
record specifi is filed.	es a delayed efi		ut not an c	effective ti	ime, at 12:	01 a.m. on	the earlier o	of: (b) - î	The 90th	day aft	er the
	er anhai	7	-79.9	302	<u>3</u> .						
ated	4 EWY 81_										
ated			of a mem	ber or autho	orized repre	sentative of	a member				

Filing Fee: \$25.00