

(Red	questor's Name)	
(Add	dress)	·
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(City	//State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	- <u>-</u>
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

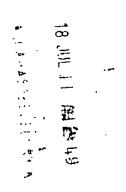
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2018

JONATHAN KATZ 1300 E HILLSBORO BLVD, STE 200 DEERFIELD BEACH, FL 33441 US

SUBJECT: RJC CAPITAL LLC Ref. Number: L16000001580

We have received your document for RJC CAPITAL LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 918A00012569



RECEIVED

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VISION DE CELAPAS CELAPA

COVER LETTER

	ion Section of Corporations		
	CAPITAL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are sub-	mitted for filing.	
Please return all co	rrespondence concerning this matter	to the following:	
	Jonathan Katz		
		Name of Person	
	RJC Capital, LLC		
		Firm/Company	<u>.</u>
	1300 E Hillsboro Blvd. S	uite 200	
		Address	
	Deerfield Beach, FL 334	41	
		City/State and Zip Code	
	jonathan@thefacilitypro.c	om to be used for future annual report notif	ication)
For further informa	ation concerning this matter, please co		
Jonathan Katz		631 572-6020 at ()	
``	Name of Person	Area Code Daytime	Telephone Number
Enclosed is a check	k for the following amount:		
□ \$25,00 Fiting I	Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32304

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJC Capital, LLC		
(<u>Name of the Limited Liability Comps</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Plorida document number L16000001580	were filed on June 26th, 2014	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	vility company here:	
		. 5
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation L.L.C."
Inter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		74. · · · · · · · · · · · · · · · · · · ·
		21-
		- F
inter new mailing address, if applicable:	N/A	3
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 		enter the name of the
Name of New Registered Agent:	·	
New Registered Office Address:	Emer Florida street address	
	Florid	
	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>	Address	Type of Action
MGR	Christian Fernandez	1300 E Hillsboro Blvd. Suite 200	
		Deerfield Beach, FL 33441	■ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			□ Change
			🗆 Add
			□ Remove
			□ Change
			□ Remove
			Change
- =:-7 -			
			□ Remove
			□ Change

N/A	
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be pri e: If the date inserted in this block does not meet the appl	or to date of filing or more than 90 days after filing.) Pursuant to 605 icable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's record	ls.
	not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	
June 12th 2018	
ed June 12th, 2018	·
1195	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee