	Handa Department of State Division of Corporations		
	Electronic Filing Cover Sheet		
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,	Doing so will generate another cover sheet.		
το:	Division of Corporations Fax Number : (850)617-6383		2017 <b>DEC</b>
From	: Account Name : MELAND RUSSIN & BUDWICK, P.A. Account Number : J20040000113 Phone : (305)358-6363 Fax Number : (305)358-1221	- - - - - - - - - - - - - 	
i	r the email address for this business entity to be annual report mailings. Enter only one email addres	used for futū s please.**	္ <b>မာ</b> re ယ
1	Email Address: CRAMOS@MELANDRUSSIN.COM		
	LLC AMND/RESTATE/CORRECT OR M/MC RCG ROADS 11, LLC	C RESIGN	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF ...

RCG ROADS 11, LLC				
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number <u>L16009070071</u>			and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)				
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	······	7	45	
	,,,	 >> ::::::::::::::::::::::::::::::		of the new
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	dress here:			
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enter Florida street address			<del></del> <del>_</del>
	. Flo	rida		
	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

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Page 1 of 3

## 12/08/2017 14:06 From: 3050517580 Meland Russin

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>	Name	Address	Type of Action
MGR	RAYMUNDO DEL CASTILI.O	1040 BISCAYNE BLVD SUITE 3	∧dd
		MIAMI, FL 33132	Remove
			Change
MGR	Raymundo del Castillo, Jr	1040 BISCAYNE BLVD #3806	🖬 Add
		MIAMI, FL 33132	Remove
			Change
MGR	Raymundo del Castillo, Sr.	1040 BISCAYNE BLVD #3806	₩ Add
		MIAMI, FL 33132	🖸 Remove
			Change
		i:	
			Change
		•:	د: bbA D
			Remove
			Change
			🖸 Add
			Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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te date, if other than the date of filing:	(optional)	

If the record specifies a celayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated DECEMBER 7 7 2017	M.A.
Signature of a member or authorized	I representative of a member
MARK MELAND	me of signed



Filing Fee: \$25.00