

**L16000107865**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

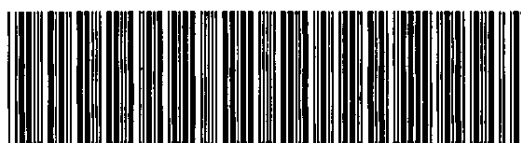
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**DEC 22 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RPS MANAGEMENT & CONSULTING, 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:

ROBERT J. LONGCHAMPS, ESQ.

\_\_\_\_\_  
Name of Person

THE LAW OFFICES OF ROBERT J. LONGCHAMPS, PLLC

\_\_\_\_\_  
Firm/Company

4440 PGA BOULEVARD, SUITE 600

\_\_\_\_\_  
Address

PALM BEACH GARDENS, FLORIDA 33410

\_\_\_\_\_  
City/State and Zip Code

RJL@LONGCHAMPSLAW.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT J. LONGCHAMPS

561 623-5350  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 32301

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

RPS MANAGEMENT & CONSULTING, LLC

(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 Company were filed on JUNE 3, 2016 and assigned  
Florida document number L16000107865.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1803 Belmont Place

Boynton Beach, Florida 33436

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. Box 7027

Delray Beach, Florida 33482

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ROBERT J. LONGCHAMPS, ESQ.

New Registered Office Address:

4440 PGA BOULEVARD, SUITE 600

*Enter Florida street address*

PALM BEACH GARDENS

, Florida 33410

*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>               | <u>Type of Action</u>                      |
|--------------|-------------|------------------------------|--|
| MGR          | PAUL BEN    | 12541 Colony Preserve Drive  | <input checked="" type="checkbox"/> Add    |
|              |             | Boynton Beach, Florida 33436 | <input type="checkbox"/> Remove            |
|              |             |                              | <input type="checkbox"/> Change            |
|              |             |                              | <input type="checkbox"/> Add               |
|              |             |                              | <input type="checkbox"/> Remove            |
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|              |             |                              | <input checked="" type="checkbox"/> Remove |
|              |             |                              | <input checked="" type="checkbox"/> Change |
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16 DEC 21 AM 10:57  
STATE  
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FLORIDA

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16 DEC 21 AM 10:57  
CLERK OF DISTRICT COURT  
ALBUQUERQUE, NEW MEXICO

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16 DEC 21 AM 10:57  
CLERK OF DISTRICT COURT  
ALBANY, FLORIDA


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed 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 19, 2016

CEMBER 19, 2016

 Signature of a member or authorized representative of a member

**PAUL BEN**

Typed or printed name of signee