

46000143601

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC.
Account Number : T20060000012
Phone : (305) 826-5886
Fax Number : (305) 722-0535

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Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN RC INVESTMENTS 18, LLC

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S. YOUNG

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TALLAHASSEE, FLORIDA

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

RC INVESTMENTS 18, 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 08/01/2016 and assigned
Florida document number L16000143661

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 "C"

Enter new principal offices address, if applicable:

356 NE 194TH TER

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33179

Enter new mailing address, if applicable:

356 NE 194TH TER

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33179

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:

ELIZABETH WAENICH

New Registered Office Address:

356 NE 194TH TER

Enter Florida street address

MIAMI

Florida 33179

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.

X 
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

AMGR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CORCIA, RONEN	20355 NE 34TH CT 2126	<input type="checkbox"/> Add
		AVENTURA, FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	WAHNICH, ELIZABETH	356 NE 194TH TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	MELUL, DAVID	356 NE 194TH TER	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Effective date, if other than the date of filing: _____ (optional)
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(b) The 90th day after the record is filed.

Dated NOVEMBER 7 2016

KCS

Signature of a member or authorized representative of a member

RONEN CORCLA

Typed or printed name of signer