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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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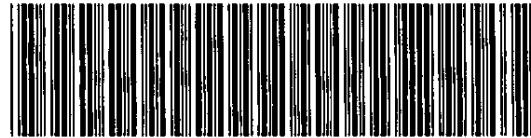
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
FEB - 3 P 5:05

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FEB 06 2017



DAVID H. GREENBERG  
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Admitted Florida & New York Bars  
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February 1st, 2017

TO: Division of Corporations-Amendment Section  
RE: **Rhopalcera LLC. a Florida limited liability company**

Dear Sirs;

I enclose the Amendment form to correct the above LLC name spelling from **Rhopalcera, LLC to Rhopalocera, LLC.**

I also enclose a Check to Dept. of State for \$25.00 filing fee.

Please file the above accordingly, and issue your letter of acknowledgement to me at the above address, also updating your records at sunbiz.org to reflect the amend3ed name of this LLC as: **Rhopalocera LLC.**

Please contact me with any questions. Thank you.

Very truly yours,

A handwritten signature in black ink, appearing to read 'David H. Greenberg', with a stylized flourish at the end.

David H. Greenberg

**Registration Section  
Division of Corporations**

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

TO  
ARTICLES OF ORGANIZATION  
OF

RHODALCERA, 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 11-22-16 and assigned  
Florida document number L1600021398

This amendment is submitted to amend the following:

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

RHODALCERA, LLC

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)

1410 SW 13<sup>th</sup> COURT

DUMFRIES BEACH, FL 33069

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

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

n/a

New Registered Office Address:

Enter Florida street address

Florida

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

n/a

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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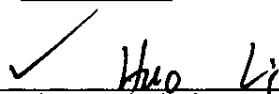
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1-31-17, \_\_\_\_\_.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

HAO LI - member  
\_\_\_\_\_  
Typed or printed name of signee

**FILED**  
2017 FEB - 3 PM 05:02  
SECRETARY OF STATE  
TREASURER OF FLORIDA