

1/30/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SIMON & SIGALOS, LLP
Account Number : I19990000176
Phone : (561)447-0017
Fax Number : (561)447-0018

****Enter** the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: msimon@simonsigalos.com

SECRETARY OF STATE
ALLAHASSEE, FL 32003

2019 JAN 31 AM 11:27

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RCMR JV LLC

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T. CLINE

FEB 1 - 2019

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

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(((H19000035628 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

RCMR JV, 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 March 24, 2017 and assigned
 Florida document number L17000067724

This amendment is submitted to amend the following:

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

Russell Properties of Tequesta, 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)

12008 South Shore Blvd.

Wellington, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12008 South Shore Blvd.

Wellington, FL 33414

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:

Michael W. Simon

New Registered Office Address:

3839 NW Boca Raton Blvd. Suite 100

Enter Florida street address

Boca Raton

City

Florida 33431

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	Donald D. Redfearn	110 SE 2nd Street Suite 101	<input type="checkbox"/> Add
		Delray Beach, FL 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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

12. 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 405.0007 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the
document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JANUARY 30 2019

Signature of a member or authorized representative of a member

Morgan Russell

Typed or printed name of signee

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Filing Fee: \$25.00

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STATE
CLASS. FLORID,

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