

11/16/2020

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H20000395378 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111

Phone : (407)800-7028

Fax Number : (407)992-9407

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
R&C LOG LLC

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Certified Copy	0
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2020 NOV 16 PM 1:58

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KCT 11-17-20

COVER LETTER

TO: Registration Section
Division of Corporations

H20003953783

SUBJECT: R&C Log 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:

Maria C Sousa

Name of Person

Sousa & Associates

Firm/Company

5728 Major Blvd Ste 309

Address

Orlando, FL 32819

City/State and Zip Code

documents@sousanassociates.com

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

For further information concerning this matter, please call:

Maria C Sousa

at (407) 8007028

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H20003953783

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION **H20000395378 3**
OF

R&C Log 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 04/28/2017 and assigned
Florida document number L17000095115.

This amendment is submitted to amend the following:

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

RC19 Holding LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H20000 3953783.

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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


Blank lines for amending information.

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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 November, 12, 2020



Signature of a member or authorized representative of a member

Roberto Lovesio

Typed or printed name of signer

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