117000109711

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COVER LETTER

ONE RPB.	LLC			
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Steve Wallace			
		Name of Person		
	The Wallace Law Group			
Firm/Company				
•	2240 W. Woolbright Rd #	403		
		Address		
	Boynton Beach, FL 3342	6		
City/State and Zip Cod				
	wallacelawi@me.com	to be used for future annual report notif	· · · · · · · · · · · · · · · · · · ·	
For further information c	oncerning this matter, please c	•	ication)	
Ellie Halperin		561 478.4700		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status of Certified Copy (additional copy is enclose	

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**

ONE RPB, LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	·· ·
The Articles of Organization for this Limited Liability Company Florida document number $\frac{117000109711}{}$.	were filed on 5.18.17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	2240 W Woolbright Rd #403	,
(Principal office address MUST BE A STREET ADDRESS)	Boynton Beach, FL 33426	SEC ALL 17
•		EC AND
Enter new mailing address, if applicable:	2240 W Woolbright Rd #403	-3 ASSI E
(Mailing address MAY BE A POST OFFICE BOX)	Boynton Beach, FL 33426	<u> </u>
		<u>မှ</u> ချိုင်
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
 	Florida	Zıp Code
New Registered Agent's Signature, if changing Registered Agent:	•	λη τους

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
mrg	Jeffery Hoyos	315 S Biscayne Blvd 4th floor	
		Miami, FL 33131	■ Remove
			☐ Change
mgr	NEM, LLC	2240 W Woolbright Rd #403	⊒ Add
		Boynton Beach, FL 33426	□ Remove
·			Change
			Add
			Remove
		Change	
			Add
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			Remove
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			☐ Remove
			☐ Change

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fective date, if other th n effective date is listed, the	an the date of filing:date must be specific and cannot	be prior to date of filing or	(optional) more than 90 days after filing.) !	Pursuant to 605.0207
ote: If the date inserted in	i this block does not meet the in the Department of State's r	applicable statutory tili	ng requirements, this date w	ill not be listed as
camen periceive date o	in the performance of State 37	ccords.		
record specifies a d	elayed effective date, b	out not an effective	time at 12:01 a.m. o	n the earlier of
The 90th day after th	ne record is filed.			, the carrier of
November 29	2015			
ited	2017	- <u></u>		
	Simplifie of a mombor	or authorized representative	e of a member.	

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Typed or printed name of signee

Filing Fee: \$25.00