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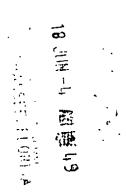
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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J. LEGGETT JUN 0 5 2018

COVER LETTER

Division of Cor	porations		
SUBJECT: BY	RON CAP	ITAL LLC	
	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	,
Please return all correspo	ndence concerning this matter	to the following:	
	LINDA	HUTCH, NS	
		CAPITAL LI	LC
	1205	Firm/Company MAPLETON R	040
	LACKSON	Address VILLE FL	32207
		City/State and Zip Code MHREALTY. Go be used for future annual report not	
For further information c	oncerning this matter, please ca		incanon)
LINDA H	u T CHIUS	at (<u>904</u>) <u>9</u> Area Code Daytin	93-4702
Name o	f Person	Area Code Daytin	ne Telephone Number .
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MATE:	INC ADDRESS.	etdelt///ODD	IEB ANNDESC.

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limit	led Liability Company as it now appears on our reco (A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number		6, 2017 and assigned
This amendment is submitted to amend the following	owing:	•
A. If amending name, enter the new name of	f the limited liability company here:	B = ==
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able: 1.55 CB (1 22)	işî
(Principal office address MUST BE A STREE	T ADDRESS) :	
B. If amending the registered agent and/ registered agent and/or the new registered of	2	rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	lress .
		Florida
New Registered Agent's Signature, if changing I	City City	Zip Code
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the information of the state of	er and complete performance of my duties, stered agent as provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	<u>Name</u>		Address	Type of Action
<u>AMBR</u>	SCOTT CARNES	<u>.</u>	1916 HOLLY OAK DRIVE	Add
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Filing Fee: \$25.00