

L1700020886Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

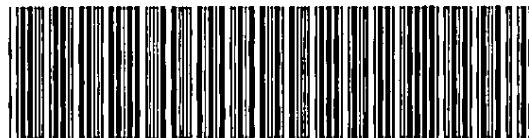
(Business Entity Name)

(Document Number)

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4001 Tamiami Trail North, Suite 300
Tallahassee, Florida 32310
T 239 435 3535 | F 239 435 1218

Writer's Email:
msullivan@cyklawfirm.com

April 15, 2021

Via USPS

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

Re: RTCM 2101 North State Road 7, LLC

Dear Sir or Madam:

Enclosed please find our check in the amount of \$25.00 for the filing fee for the enclosed Articles of Amendment to Articles of Organization of RTCM 2101 North State Road 7, LLC.

Thank you.

Very truly yours,

A handwritten signature in black ink that reads "Maureen Sullivan". The signature is written in a cursive, flowing style.

Maureen Sullivan
Legal Assistant to Matthew L. Grabinski

/mas

Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RTCM 2101 North State Road 7, 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 October 9, 2017 and assigned
Florida document number L17000208862.

This amendment is submitted to amend the following:

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

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)

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

City

Florida

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	Rethink Development, LLC	20040 Palm Island Dr.	<input type="checkbox"/> Add
		Boca Raton, FL 33498	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Evan Mouhalis	1481 E. Bexley Park Drive	<input checked="" type="checkbox"/> Add
		Delray Beach, FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated April 15, 2021

W. H. S. 9

Signature of a member or authorized representative of a member

Matthew L. Grabinski, Esq., Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00