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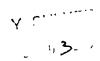
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FILED

2019 NOV -4 AM St 35

SECRETARY OF STATE
TALL AHASSEE, FLORIDA



## **COVER LETTER**

	Registration Se Division of Cor			
eun ive	RF & G Pro	perties LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	<del></del>
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Rodolfo Gomez		
		RF & G Properties LLC	Name of Person	
		4300 Biscayne Blvd G-05	Firm/Company	
		Miami Fl 33137	Address	
		Rodgomez@dci-systems.co	City/State and Zip Code om	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
Rodolfo	Gomez		305 571-9825 ext	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>⊟</b> \$25.0	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)

MAILING ADDRESS:

TO:

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

RF & G Properties 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 November 20,2017 and assigned Florida document number <u>L17000239890</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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:  $N/\Lambda$ Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address , Florida City

## 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>	Type of Action
MGRM	RICHARD E LIOTTA	950 BROKEN SOUND PARKWAY # 1309	_ ■ Add
<del></del>		BOCA RATON, FL 33487	
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ffective date, if other t an effective date is listed, the lote: If the date inserted ocument's effective date	in this block does:	not meet the applic	able statutory fil	more than 90 days	optional) after filing.) Pursuant , this date will not b	to 605,020° oc Iisted as
e record specifies a o The 90th day after			t an effective	time, at 12:0	)1 a.m. on the	earlier o
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			—· ///			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00