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S. WARREN JAN 0 4 2018

COVER LETTER

TO: Registration Division of C	Section Corporations	•	-
SUBJECT: _ Ġ	RC Estate	Buyers LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	David	Garuc Name of Person	
	(TRC ES	Firm/Company	<u> </u>
	1761 SW	67 A V &	
	Planterion d garcia. E-mail address:	City/State and Zip Code M ba @ g m wi/. (to be used for future ginual report notifi	cation)
For further informatio	on concerning this matter, please of	call;	
David Garcia Name of Person		at (454) 471 Area Code Daytime	Telephone Number
Enclosed is a check fo	or the 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)
MA	ILING ADDRESS:	STREET/COURI	ER 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

(7KC Estate Buyers			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)		
The Articles of Organization for this Limited Liability Company were t Florida document number <u>L 1700025744</u> 9	iled on 12/19/17 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
Elitz S.A. Exports LCC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Cont	pany." 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 a registered agent and/or the new registered office address here:	ddress on our records, enter the name of the new		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	y Zip Code		
Ci. New Registered Agent's Signature, if changing Registered Agent:	v Zip Code		
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perform			

132 7 15

If Changing Registered Agent, Signature of New Registered Agent

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 limi

company has been notified in writing of this change.

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

Title	<u>Name</u>	Address	Type of Action
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ective date, if other than	n the date of fi	ling:	(optional)	
effective date is listed, the date is listed in the date inserted in the date	te must be specific his block does n	and cannot be prior to date of filing or ot meet the applicable statutory fil	more than 90 days after filing.) ing requirements, this date	Pursuant to 605.0207 (3) (3) (4) (5) (6)
nument's effective date on t	the Department	of State's records.		
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record specifies a dei he 90th day after the		e date, but not an effective ed.	time, at 12:01 a.m. (on the earlier of:
Recember	28			
ed 12/1/17	3	_, 2017		
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	Signature c	of a member or authorized representati	ve of a member	
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		Typed or printed name of signee	-	
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Filing Fee: \$25.00