L18000067525

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	ocument Number)	
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JUL 05 2018

COVER LETTER

TO:	Registration Sec Division of Corp			
·····	o com	RMC CAPTIAL	PARTNERS LLC	
SORTI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			VICKY YANES	
			Name of Person	
		APPELR	OUTH, FARAH & CO., P.A.	
		 -	Firm/Company	
		999 PONCE	E DE LEON BLVD., SUITE 625	
			Address	
		CORAL	GABLES, FLORIDA 33134	
			City/State and Zip Code	· -
			Y@APPELROUTH.COM	
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	rther information c	oncerning this matter, please co	all;	
	VICKY YAN	NES	305 444-0	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
1 \$2	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)

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

RMC CAPTIAL PARTNERS	SLLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on03/15/2018	and assigned
Florida document numberL18000067525		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
RMC CAPITAL PARTNERS LLC - CORRECTING	TYPO IN CAPITAL	
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or t	
Enter new principal offices address, if applicable:		• 📆
Principal office address MUST BE A STREET ADDRESS)		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Enter new mailing address, if applicable:		- NF
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<i>p</i> -
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ei</u>	iter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
C	Ĩiţy:	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>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
	-		☐ Remove
			☐ Remove
			Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Change

PLEASE CORR	CT THE ARTICLES OR ORG	SANIZATION AS WE	LL.	
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ective date, if othe	than the date of filing:		(option	al)
affective date is listed	the date must be specific and cannot d in this block does not meet the	be prior to date of filing of applicable statutory f	r more than 90 days after fil ling requirements, this d	ing.) Pursuant to 605.0 ate will not be listed
ument's effective da	e on the Department of State's r	ecords.		
	- Jalance effective date h	out not an affectiv	e time at 12:01 a r	n on the earlie
record specifies he 90th day afte	a delayed effective date, t r the record is filed.	out not an enectiv	e time, at 12.01 a.i	II. OIT CITE COITE
ed June	2/ .	Att		
1400	06	0/8/1//	X	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00