8000110978

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COVER LETTER

	R&CHTC LL	C	
SUBJECT:	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:	
	Roy C Hernandez III		
		Name of Person	
	NextHome Treasure Coast		
		Firm/Company	
	2496 NW Everglades Blvd	i	
		Address	
	Stuart, FL 34994		
		City/State and Zip Code	
	HelloRoyH@gmail.com		
	E-mail address: (to be used for future annual report notifi	leation)
For further information c	oncerning this matter, please ca	all:	
Roy C Hernandez III		561 436-8931 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

Registration Section Division of Corporations

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

R&CHTC LLC, dba NextHome Tre			
(Name of the Limite	ed Liability Compa (A Florida Limited)	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Li Florida document number 1.18000110978		were filed on	and assigned
his amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w-	ords "Limited Liabil		or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	850 NW Federal Hwy, suite 212	
(Principal office address MUST BE A STREET ADDRESS)		Stuart, FL 34994	0
			6 × _S
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			07.8 07.8
Enter new mailing address, if applicable:		 	<u> </u>
<u>Mailing address MAY BE A POST OFF ICE I</u>	BOX)		<u>교 공연</u> 유 공연
			37
B. If amending the registered agent and/			enter the name of the
registered agent and/or the new registered of	nce address ner	<u>e</u> :	
Name of New Registered Agent:			
New Registered Office Address:			
The Magistered Office Hadress.		Enter Florida street address	
	Stuart	, Flor	ida
		City , F10t	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, <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
MGR	Dorothy Hernandez	850 NW Federal Hwy, suite 212, St	= Add
			Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			☐ Change
			Remove
			Change
			☐ Remove
			□ Change
			Add
			☐ Remove
			Change

Flective date, if other than the date of filing: an effective date, if other than the date of filing: (Optional) 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. Parsanat to 603.0 footies. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occument's effective date on the Department of State's records. The 90th day after the record is filed. JUNE 3. 2018 JUNE 3. 2018 JUNE 3. 2018 Typed or printed name of signce Typed or printed name of signce						_
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Filing Fee: \$25.00