

L18000240692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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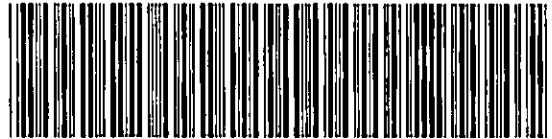
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RPC Consulting, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phillip Warner
Name of Person

CRPG Consulting, LLC
Firm/Company

14801 SW 18th St
Address

Miramar, FL 33027
City/State and Zip Code

RPCConsult2018@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Warner at (954) 980-5117
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ ~~\$25.00 Filing Fee~~

PAW

☒ \$30.00 Filing Fee &
Certificate of Status

PAW

☐ \$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
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**

RPC Consulting, 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 10/11/2018 and assigned Florida document number L18000240692.

This amendment is submitted to amend the following:

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

CRPG Consulting, LLC

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)

3456 SW 12th CT
Fort Lauderdale, FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3456 SW 12th CT
Ft Lauderdale, FL 33312

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:

Gregg Bristol

New Registered Office Address:

3456 SW 12th CT

Enter Florida street address

Fort Lauderdale Florida 33312

City

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>
<u>MGR</u>	<u>Gregg Bristol</u>	<u>3456 SW 12th CT</u>	<input checked="" type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33312</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Christopher Nanigat</u>	<u>7805 Plantation Blvd</u>	<input type="checkbox"/> Add
		<u>Miramar, FL 33023</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Reginald A Warner</u>	<u>3456 SW 12th CT</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33312</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Phillip A Warner</u>	<u>3456 SW 12th CT</u>	<input type="checkbox"/> Add
		<u>Fort Lauderdale, FL 33312</u>	<input type="checkbox"/> Remove
		<u></u>	<input checked="" type="checkbox"/> Change
<u>AMBR</u>	<u>Cliff Augustine</u>	<u>3456 SW 12th CT</u>	<input checked="" type="checkbox"/> Add
	<u>Augustin</u>	<u>Fort Lauderdale, FL 33312</u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

- D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10/24/2018.

Pien

Signature of a member or authorized representative of a member

Phillip Warner
Typed or printed

Typed or printed name of signee