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ART OF STATE

COVER LETTER

	Registration Sec Division of Corp			
SHRIFC		LLC		
JODJEC		Name of Limi	ted Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspoi	ndence concerning this matter	to the following:	
		RAFAELA CUBEZIN		
		CONEJERO LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. n all correspondence concerning this matter to the following: RAFAELA CUBEZIN Name of Person D32 INVEST LLC Firm/Company 6735 CONROY WINDERMERE RD STE 422 Address ORLANDO, FL 32835 City/State and Zip Code contact@d32invest.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: CUBEZIN Name of Person Name of Person Daytime Telephone Number a check for the following amount:		
SUBJECT The enclose Please return For further RAFAEL Enclosed		D32 INVEST LLC		
			Firm/Company	
	CONEJERO LLC Name of Limited Liability Company Plosed Articles of Amendment and fee(s) are submitted for filing. Return all correspondence concerning this matter to the following: RAFAELA CUBEZIN Name of Person D32 INVEST LLC Firm/Company 6735 CONROY WINDERMERE RD STE 422 Address ORLANDO, FL 32835 City/State and Zip Code contact@d32invest.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ELA CUBEZIN Area Code Daytine Telephone Number ad is a check for the following amount: 5.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy			
			Address	iling. wing: ### Company STE 422 ### ddress ### and Zip Code ### or future annual report notification) #### 407
		ORLANDO, FL 32835		
		contact@d32invest.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notifi-	cation)
For furth	er information co	oncerning this matter, please ca	ill:	
RAFAEI	LA CUBEZIN			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	Lis a check for th	e following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**

FILED 2018 DEC 10 PM 2: 03

CONEJERO LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Co Florida document number L18000256499		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
RP10 LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	
		<u> </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or regist	ered office address on our r	ecords, enter the name of the
egistered agent and/or the new registered office addr		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
	Carv	zw code
New Registered Agent's Signature, if changing Registered	•	•

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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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n effective date is fisted, the date must ote: If the date inserted in this blo	be specific and cannot be prock does not meet the app	ior to date or filing or more in licable statutory filing req	in 90 days after filing.) Pursuant firements, this date will not	be listed a
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Typed or printed name of signee

Filing Fee: \$25.00