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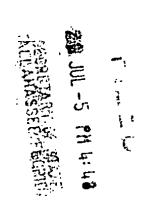
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COVER LETTER

TO:

Registration Section Division of Corporations

RCH/KCP PROPERTIES, LLC SUBJECT: 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: Peter C. Jordan Name of Person RCH Capital, LLC Firm/Company 360 Central Avenue, Suite 1220 Address St. Petersburg, FL 33701 City/State and Zip Code petejordan@rchcapital.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 497-4042 Peter C. Jordan Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RCH/KCP PROPERTIES, LLC

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

	Dagund	30 3010				
The Articles of Organization for this Limited Liability (and assigned				
Florida document number 1.19000001986	·					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company here:					
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD	RESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>					
		·				
B. If amending the registered agent and/or regi		records, enter the name of the				
registered agent and/or the new registered office add	<u>dress here</u> :					
Name of New Registered Agent:						
New Registered Office Address:		reet address				
	Enter Florida street address					
	, Florida City Zip Code					
	Ciţy	Zip Code				
New Registered Agent's Signature, if changing Registere	ed Agent:					
I hereby accept the appointment as registered agent	t and agree to act in this capa	city. I further agree to comply with				

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ryan S. Razook	360 Central Ave., Suite 1220	
		St. Petersburg, FL 33701	
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		Signature o	of a member or a	inflored repres	ntative of a memb	er	

Page 3 of 3

Filing Fee: \$25.00