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COVER LETTER

TO:	Registration Se Division of Cor						
CIII	RBK Broke	rs LLC					
SUL	SUBJECT: Name of Limited Liability Company						
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Plea	se return all correspo	ndence concerning this matter	to the following:				
		Robert Spitzer					
			Name of Person				
		RBK Brokers LLC					
			Firm/Company				
		2316 Pine Ridge Rd Suite	305				
			Address				
		Naples, FI, 34109					
			City/State and Zip Code				
		robert@onwhoa.com E-mail address: ((to be used for future annual report notifi	cation)			
For	further information co	oncerning this matter, please ca	all:				
Rob	ert Spitzer		239 273-7408 at ()				
	Name of	f Person	Area Code Daytime	Telephone Number			
Enci	losed is a check for th	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 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

2019 1 PH 4: 5;

RBK Brokers 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 02/04/2019 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RBK Global LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>	Name	Address	Type of Action
СМО	Brian Dickson	2316 Pine Ridge Rd #305 Naples, Fl, 34109	
			□ Remove
(110)		2316 Pine Ridge Rd #305	□ Change
CFO	Kieron Sweeney	Naples, Fl, 34109	Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			D Add
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\$11, \$1, \$2, \$4.		
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	t be specific and cannot be prior to ock does not meet the applicab	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), ble statutory filing requirements, this date will not be listed as the
f the record specifies a delayed b) The 90th day after the reco		an effective time, at 12:01 a.m. on the earlier of:
Dated February 15	2019	
441		
	Signature of a member or authorize	ized representative of a member
Robert Spitzer		
	Typed or printed	name of signee

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Filing Fee: \$25.00