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COVER LETTER

TO: Registration Se Division of Cor			٠.
SUBJECT:	RCP ACQUISITION Name of Lim	ons LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	· · · · · · · · · · · · · · · · · · ·
Please return all correspo	ondence concerning this matter	to the following:	···
	ROBEAT	PACE!	
		Tions LLC Firm/Company	
	12844 NUNC	FEZER RD	
	JACKSONVILLE PURCELLROB2	FL 32226 City/State and Zip Code (SO YAHOO, COM) To be used for future annual report notifi	cation)
For further information of	concerning this matter, please c		
ROBERT PU	ACE//	at (<u>305</u>) <u>360 4</u> Area Code Daytime	CO13 Telephone Number
Enclosed is a check for t	he 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:

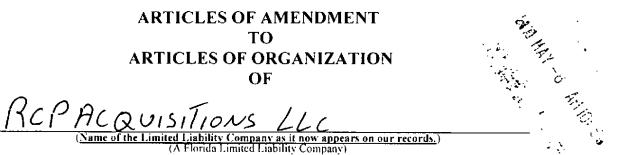
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO



(<u>Name of the Limited</u> (A	Liability Compa VFlorida Limited I	ny as it now appears Liability Company)	on our records.)	2 3	ેછ
The Articles of Organization for this Limited Lial Florida document number <u>L 190000547</u>	bility Company	were filed on <u>O</u>	2/25/2019	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the new name must be distinguishable and contain the work					
		15			-
Enter new principal offices address, if applicab (<u>Principal office address MUST BE A STREET</u>					- -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>ox)</u>	NA			-
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered of ce address here	fice address on	our records, <u>enter th</u>	e name of the	new
Name of New Registered Agent:	N/H			_	-
New Registered Office Address:	NA	Enter Floria	la street address		-
		NA	, Florida		
		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 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		

Title	<u>Name</u>	Address	Type of Action
Title 27/AM/19 AMBR	CHRISTOPHER MILLER	14174 GROVER RD	
/II/BI(JACKSONVILLE FL 3222	6 Remove
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REMOVING	CHRISTOPHER	MILLER	FROM	THE	666
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ective date, if other the	an the date of filing: date must be specific and cannot be	N/A	- Ha	(option	al)
<u>te:</u> If the date inserted in	this block does not meet the a	applicable statutory	g or more than 90 filing requiren	days after fil lents, this d	ing.) Pursuant to 605.020 ate will not be listed a
ument's effective date or	n the Department of State's re-	cords.	J ,		
record specifies a de	elayed effective date, bu	ut not an effecti	ive time, at	12:01 a.r	n. on the earlier
he 90th day after th	ie record is filed.		,		
ed					
	·	· · · · · · · · · · · · · · · · · · ·	7/-		
	1/1/1	-///			
	Signature of a member of	r authorized represen	tative of a memb	er	
		- PURCE			

Page 3 of 3

Filing Fee: \$25.00