## 121000261119

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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AND ANASSEE, FLORIDA



## **COVER LETTER**

| TO: Registration So<br>Division of Cor |  | · •   | •   |
|--|--|---|---|
| RCS I, LLO<br>SUBJECT:                 | :  | •   |   |
| SUBJECT:                               | Name of Lin                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter               | to the following:   |   |
|  | HOLLY HALE                                   |   |   |
|  |  | Name of Person  |   |
|  | RCS 1, LLC                                   |   |   |
|  |  | Firm/Company  |   |
|  | 1547 PROSPERITY FAR                          | MS ROAD   |   |
|  |  | Address   | <del></del>   |
|  | LAKE PARK, FL 33403                          |   |   |
|  | <del></del>                                  | City/State and Zip Code   | <del></del>   |
|  | ACCOUNTING@NEXGE                             | NLOGIX.COM<br>to be used for future annual report notif             | ication)  |
| For further information c              | oncerning this matter, please c              |   |   |
| HOLLY HALE                             |  | 561 508.6272<br>at ( )  |   |
| Name o                                 | f Person                                     |   | Telephone Number  |
| Enclosed is a check for the            | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Address                        | i <u>s:</u><br>Santion                       | Street Address:   | tion  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RCS I, LLC

| (Name of the Limited Liability Comp.<br>(A Florida Limited   | inv as it now appears on our records.)<br>Liability Company)   |
|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000261119}{1.000261119}$ .  | were filed on 6/4/2021 and assigned  |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited liab  | pility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabi  | lity Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:  | 110 N. FEDERAL HWY UNIT 1502   |
| (Principal office address MUST BE A STREET ADDRESS)  | FORT LAUDERDALE, FL 33301  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  | JUL -5 PHIZ: 01 AHASSEE, FLORIOA   |
|  |  |
|  | , Florida<br>City Zip Code   |
| New Registered Agent's Signature, if changing Registered Agent:  |  |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is |
| If Chai  | nging 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 |
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| ective date, if other than                | the date of filing:   |                               | (optional)               | D                      |
| te: If the date inserted in t             | nis block does not meet the ap<br>the Department of State's rec | oplicable statutory filing re | equirements, this date v | vill not be listed as  |
| tament is effective time that             | ne repartment of State a rec                                    |                               |                          |                        |
| ecord specifies a delayed ef<br>is filed. | fective date, but not an effecti                                | ve time, at 12:01 a.m. on t   | be earlier of: (b) The   | 90th day after the     |
| JUNE 27                                   | 2023  | _                             |                          |                        |
|   |   | <del></del> .                 |                          |                        |

Typed or printed name of signee