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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone

: (800)906-9220

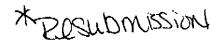
Fax Number

: (800)906-9880

Enter the email address for this business entity to be used for future ್ಣೆ annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RCP 2400 ALOMA LLC



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HelpT. LEMIEUX

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RCP 2400 ALOMA LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our recollistify Company)	<u>:ds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L23000049904	were filed on 02/01/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RCP 551 CASSAT LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, <u>ente</u>	
		V.
Name of New Registered Agent:		7023
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	rss , C.3 ,
		lorida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Add
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			Change
			
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Effective date, if other than the data if an effective date is listed, the date must be Note: If the date inserted in this blook document's effective date on the Department.	c does not ineet the a	applicable statutory	filling requirements, t	tional) ter filing.) Pursuant to 60: his date will not be list	5.0207 (ted as t
e record specifies a delayed effective d rd is filed.	ate, but not an effec	tive time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	r the
Dated May 3		3			

/s/ Andrew Fein	gnature of a member o				