Jun. 26. 2023 01:42 14	<b>#759</b> 1	₽
6/26/23, 3:43 AT Division of Corporations Division of Corporations Division of Corporations Electronic Ethno. Cover Sheet. Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	<b>7</b>	
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Doing so will generate another cover sheet.		
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		
With the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**     With the email Address:     With the email the e	2023   r .	
C HUNCH AMND/RESTATE/CORRECT OR M/MG RESIGN RCP 4696 OKEECHOBEE LLC	Hd 52	
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	TO			
	ORGANIZATION OF 🕨			
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RCP 4696 OKEECHOBEE LLC	,			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	<u> </u>		
The Articles of Organization for this Limited Liability Compar Florida document number L23000222717	by were filed on	an	d assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	bility company here:			
RCP SILVER STAR LLC				
The new name must be distinguishable and contain the words "Limited Liu	bility Company," the designation "LLC" or the	abbreviatic	or. "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)				
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B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the nar</u>	<u>ne of the</u>	e new register	ed
Agent Androi the new registered office Address here.			ເນ ເກີ້	
Name of New Registered Agent:		<u>-</u>		
New Registered Office Address:		Ī.		
	Enter Florida street address			
_	, Florida			
	City	Zip C	lode	

New Registered Agent's Signature, If changing Registered Agent:

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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 added or removed from our records:

## MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	RHINO GAS HOLDINGS LLC	411 THEODORE FREMD AVENUE	🗆 Add
		SUITE 206S	BRemove
		RYE, NY 10580	Change
AMBR	ANDREW FEIN	411 THEODORE FREMD AVENUE	\BAdd
		SUITE 206S	_
		RYE, NY 10580	□Change
AMBR	DAVID SHENFELD	411 THEODORE FREMD AVENUE	
		SUITE 206S	
		RYE. NY 10580	
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			🗆 Remove
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			□Remove
			□Change

D. If	amending any other info	ormation, enter o	changc(s) liere:	(Attach additional sheets,	if necessary.)
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