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(Address)	
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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

CHD IPCT		LDINGS III LLC	
SUBJECT:	Name of Lim	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:	
	BROOKE A MURPHY		
		Name of Person	
	RBS HOLDINGS III LLC		
		Firm-Company	
	201 LINDA LN		
		Address	
	WEST PALM BEACH, F	L 33405	
		City/State and Zip Code	
	RWJM1313@GMAIL.COI		
		to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
ROBERT MURPHY		561 818-8250	
Name o	of Person	at () Area Code Day	time 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 Addre		Street Address:	
Registration Division of C		Registration : Division of C	
P.O. Box 632		The Centre o	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RBS HOLD	INGS III LLC		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appea ted Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Comparida document number	any were filed on	DECEMBER 21 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company h	nere:	
BROOKE A MURPHY LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," the	designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			_ .
Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>	202
		20	<u> </u>
			2
Enter new mailing address, if applicable:		三 平:	23
Mailing address MAY BE A POST OFFICE BOX)			2 2
maning datiess mar in a rost of rice boar		[न]	<u> </u>
			57
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our	records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:			- - -
New Registered Office Address:			
The Registered Office Housest	Enter Fle	orida street address	
		, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			☐Change
			Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the dat an effective date is listed, the date must be:	e of filing:	of tiling or more than 90 days	optional) ; after filing.) Pursuant to 605.0207
ote: If the date inserted in this block ocument's effective date on the Depar	does not meet the applicable st		
record specifies a delayed effective da is filed.	te, but not an effective time, at	12:01 a.m. on the earlier of	of: (b) The 90th day after the
	2024		
January 4 ated			
aled	L 0 MW/har		

Filing Fee: \$25.00