124000305659

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	-
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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19/23/24--01031--003 **30.00

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division	of Corporations	
RBS	S EQUITIES LLC	
SUBJECT:	Name of	f Limited Liability Company
The sealess of New	:-1f	and the state of the Color
The enclosed Arti	icles of Amendment and fee(s) are	submitted for filing.
Please return all c	correspondence concerning this ma	atter to the following:
	Donald L. Santacateri	na
	_	Name of Person
	RBS Equities LLC	
		Firm/Company
	6325 S ELM	
		Address
	Burr Ridge, IL 60527	
		City/State and Zip Code
	djb6325@gmail.com	ess: (to be used for future annual report notification)
For further inforn	nation concerning this matter. plea	
Donald L. Santac	caterina	630 215 9025 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
□ \$25.00 Filing	g Fee \$30.00 Filing Fee & Certificate of Statu	
· · · · · · · · · · · · · · · · · · ·	Address: ration Section	Street Address: Registration Section
Division of Corporations		Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

a
<u> </u>
PH 12: 07
name of the new register
23
5. 8
24
the abbreviation "L.L.C.
the abbreviation "L.L.C."
and assigned
_

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.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
-	
_	
HOIC.	ive date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	October 17, 2024 Marking of a phenomer or authorized representative of a member
	Donald L. Santacaterina
	Typed or printed name of signee

Filing Fee: \$25.00