Electronic Filing 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.

(((H08000277245 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

; (850)617-6383

L. SELLERS

DEC 2 2 2008

: ACKBRMAN, LINK & SARTORY, P.A. Account Name

Account Number : 110435002274 Phone

(561)838-4100 Fax Number (561) 838-530\$

EXAMINER

Attn: Vicki Fearon

RB BEACHWAY, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

LC AMND/RESTATE/CORRECT OR M/MG RESIGN

Electronic Filing Menu

Corporate Filing Menu

ACKERMAN LINK SARTORY

(((H08000277245 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RB BEACHWAY, LLC | | | | |
|--|---|--|---|--|
| (Name of the Limited Liability Cor (A Florida Limit | ed Lizbility Compar | y) | | |
| The Articles of Organization for this Limited Liability Comp Florida document number L02000014331 | eany were filed on ; | lune 10, 2002 | and assigned | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | liability company | <u>bere</u> : | | |
| The new name must be distinguishable and end with the words "I"LL.C." | Limited Liability Co. | npany," the designation " | LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | 11360 North | Jog Road, Suite 102 | | |
| (Principal office address MUST BE A STREET ADDRESS | Palm Beach | Gardens, FL 33418 | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 11360 North Jog Road, Suite 102 Palm Beach Gardens, FL 33418 | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | l office address o | n our records, enter | the name of the new | |
| Name of New Registered Agent: | | ····· | | |
| New Registered Office Address: 11360 No. | rth Jog Road, Suite | | | |
| | (Enter Florida street address) | | | |
| Palm Beac | ch Gardens | , Florida 3 | 3418 | |
| | (City) | | (Zip Code) | |
| New Registered Agent's Signature, if Changing Registered Reg | <u>ent:</u> | | | |
| I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and coacept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | omplete performan as provided for in | ce of my duties, and I Chapter 608, F.S. Or, | am familiar with and , if this document is | |

Page 1 of 2

· (((H08000277245 3)))

(If Changing Registered Agent, Signature of New Registered Agent)

TID

| NO. 704! | 5—P. | 3/3 | _ |
|----------|------|------|---|
| NO. 7043 | , , | J/ J | |

DEC. 19. 2008 3:18PM

ACKERMAN LINK SARTORY

(((H08000277245 3)))

If amending the Managers or Managing Members on our records, enter the tifle, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = M: MGRM = 1 | anager Managing Member | | |
|----------------------|-------------------------------------|--|---------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| D. Ifamen | ding any other information, enter c | hange(s) here: (Attach additional sheets, if neces | sary.) |
| | | | |
| | | | |
| Dated Dece | mber 17 | 008 | |
| | Signature of a me | ember or authorized representative of a member | 081 TALL |
| | Rìchard Baer, Mana | aging Member Yped or printed name of signee | 08 DEC 19 SECRETARISSE |
| • | | Page 2 of 2 Filing Fee: \$25.00 | 16. 19 W. 8: |
| | , | (((H08000277245 3))) | MI 8: 32 |