

LI5000211009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



000343331790

2020 APR 17 PM 8:13

RECEIVED  
2020 APR 17 PM 8:24  
STATE OF CALIFORNIA  
DEPARTMENT OF REVENUE

R. WHITE  
APR 20 2020

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 4/17/20**

**NAME: RH CENTRAL PLACE AT WINTER PARK LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*Attache*

---

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2025 17 11 8:13

RH Central Place at Winter Park LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 21, 2015 and assigned Florida document number L 15000211009

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: Robbins Property Associates LLC

New Registered Office Address: 4890 W. Kennedy Boulevard, Suite 270

*Enter Florida street address*

Tampa, Florida 33609

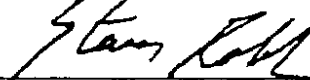
*City*

*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.*

Robbins Property Associates LLC



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>	<u>Address</u>	<u>Type of Action</u>
<u>AMBR</u>	<u>Kristi King</u>	<u>4890 W. Kennedy Blvd, Suite 270 Tampa FL 33069</u>	<input checked="" type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Add
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Remove
<u>_____</u>	<u>_____</u>	<u>_____</u>	<input type="checkbox"/> Change

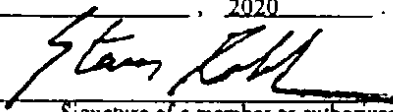
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 16, 2020



Signature of a member or authorized representative of a member

Steven Robbins, Manager of RPA 7 Central LLC

Typed or printed name of signer

Filing Fee: \$25.00