

LO7000095649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

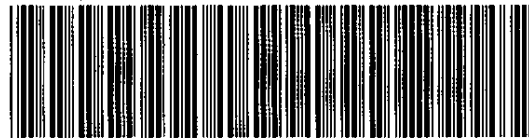
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2010 JUL 27 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 28 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NST PROPERTIES, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAREN YORE

Name of Person

Firm/Company

457 HUNTERS TRACE

Address

CRAWFORDVILLE, FLORIDA

City/State and Zip Code

KHYORE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KAREN YORE

Name of Person

at (850)

570-1900

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

NST PROPERTIES, 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 09/17/2007 and assigned
Florida document number L07000095649.

This amendment is submitted to amend the following:

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

RBK PROPERTY HOLDINGS, LLC

The new name must be distinguishable and end with 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)

457 HUNTERS TRACE

CRAWFORDVILLE, FLORIDA 32327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

FRANK J. YORE

New Registered Office Address:

457 HUNTERS TRACE

Enter Florida street address

CRAWFORDVILLE

Florida

32327

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 608, 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.

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

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

MGR = Manager

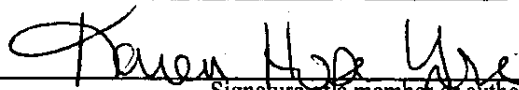
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FRANK J. YORE, IV	457 HUNTERS TRACE CRAWFORDVILLE, FLORIDA 32327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BILLY DICORTE	5844 13TH AVENUE NEW PORT RICHEY, FLORIDA 34652	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ROY DICORTE	C/O KAREN YORE 457 HUNTERS TRACE CRAWFORDVILLE, FLORIDA 32327	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	KAREN HOPE YORE	457 HUNTERS TRACE CRAWFORDVILLE, FLORIDA 32327	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

MGMR SHALL HAVE FULL POWERS TO EXECUTE ALL DOCUMENTS ON
BEHALF OF THE LLC, AS PROVIDED BY FL STATUTES. INCLUDING BUT
NOT LIMITED TO OPENING BANK ACCOUNTS, WRITING CHECKS,
EXECUTING CONTRACTS FOR SALE OR PURCHASE, WARRANTY DEEDS,
MORTGAGES AND ALL OTHER DAILY OPERATIONAL DUTIES OF THE LLC.

Dated JULY 26, 2010



Signature of a member or authorized representative of a member

KAREN HOPE YORE, MGMR

Typed or printed name of signee

FILED
JUL 27 2010
SECRETARY OF STATE
TALLAHASSEE, FLORIDA