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COVER LETTER

Division of Co.		•	
SUBJECT: RLSPF	, LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Brigette Harms		
		(Name of Person)	
	Advocate Consulting Leg	· · · · · · · · · · · · · · · · · · ·	
		(Firm/Company)	
	3073 Horseshoe Drive S	outh, Suite 210	
		(Address)	
	Naples, FL 34104		
		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Brigette Sims		at (239) 213-0066	
(Name	of Person)	(Area Code & Daytime 1	elephone 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 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

RLSPP, 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 14, 2001 and assigned Florida document number L01000021755 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RLSM, 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) 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: 3073 Horseshoe Drive South, Suite 210 New Registered Office Address: (Enter Florida street address) Florida 34104 **Naples** (City) 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.

If amendin, 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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	ny.)
_			08 DEC
	. 22. 2008 Multiple Signature of a member	and I Student or authorized representative of a member	FILED EC 23 MM 8: 05 EC 23 MM 8: 05
		ichard L. Schwartz I or printed name of signee	

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Filing Fee: \$25.00