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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SALVATORI LAW OFFICE, PLLC Account Number : 120170000055 Phone : (239)308-9191 Fax Number : (239)552-4185

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## RECEIVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RPG OF ESTUARY, LLC

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Help

12397900903 From: Sherrie Oc

(((H180002601413}))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RPG OF ESTUARY, LLC					
(Name of the IAm)	ted Liability Compan (A Florida Limited L	y as it now appears on our reco ability Company)	rus.)		
The Articles of Organization for this Limited L	iability Company v	were filed on July 10, 2003	and assigned		
Florida document number L03000025074					
This amendment is submitted to amend the following	lowing:				
A. If amending name, <u>enter the new name c</u>	of the limited Habil	Ity company here:			
The new name must be distinguishable and contain the	e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."				
Enter new principal offices address, if appli-	rable:				
Principal office address MUST BE A STRE	ET ADDRESS)	,man-1-144,			
Enter new mailing address, if applicable:					
Muiling address MAY BE A POST OFFICE	(BOX)				
B. If amending the registered agent and registered agent and/or the new registered of			rds, enter the name of the ne		
Total Control of the Wiley Con	Ance was too here	•	•		
Name of New Registered Agent:	SALVATORI LAW OFFICE, PLLC				
New Registered Office Address:	5150 TAMIAMI TRAIL NORTH, SUITE 304  Enter Florida street address				
	NAPLES		Florida 34103		
		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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

(((H180002601413)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Address Type of Action Name \_\_\_\_\_ Change D5A □ □ Remove ☐ Change \_\_ 🗆 Add ☐ Remove ☐ Remove \_\_\_\_ G Change \_\_\_\_\_\_ Add \_\_\_\_\_ □ Remove \_\_\_\_\_□ Remove ☐ Change

Page 2 of 3

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