

LD3000026259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

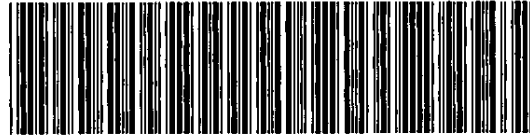
(Document Number)

Certified Copies _____

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LD3-26259
Amend

11/09/15--01012--006 **25.00

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15 NOV -9 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2015

N. CAUSSEAU

**TO: Registration Section
Division of Corporations**

SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

RLS, 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 07/18/2003 and assigned
Florida document number L03000026259.

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)

7139 N. 9th Avenue

Pensacola, Florida 32504

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7139 N. 9th Avenue

Pensacola, Florida 32504

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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:

Kerry Anne Schultz

New Registered Office Address:

2045 Fountain Professional Court, Suite A

Enter Florida street address

Navarre

Florida

32566

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

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>
MGR	Ranae L. Stewart	7139 N. 9th Avenue	<input type="checkbox"/> Add
		Pensacola, FL 32504	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ranae L. Stewart, Trustee of the	7139 N. 9th Avenue	<input checked="" type="checkbox"/> Add
	Ranae L. Stewart Trust	Pensacola, FL 32504	<input type="checkbox"/> Remove
	dated October 16, 2015.		<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


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(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)

Dated October 16 2015


Signature of a member or authorized representative of a member


Typed or printed name of signee