#L05000019194

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(Requestor's Name)	_
(Address)	_
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
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TILED 2014 DEC 12 PM 12: 31

EXAMPLER DEC 17 2014

COVER LETTER

то:	Registration Sec Division of Cor	ction porations
SHD IEC	RNS, LL	C
SUBJEC	· I :	Name of Limited Liability Company
The enclo	osed Articles of	Amendment and fee(s) are submitted for filing.
Please re	turn all correspon	ndence concerning this matter to the following:
		PAM CLINGAN
		Name of Person
		JEFFREY N MARKS, PA
		Firm/Company
		PO BOX 2511
		Address
		FORT LAUDERDALE, FL 33303
		City/State and Zip Code
		JSTRODE@OSTEOFL.COM E-mail address: (to be used for future annual report notification)
For foutle	:	
ror turin	er information co	oncerning this matter, please call:
PAM C	CLINGAN	954 713-7400 at()
	Name of	Person Area Code Daytime Telephone Number
Enclosed	is a check for th	e following amount:
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

FILED
2014 DEC 12 PM 12: 31
ALLAHASSEE, FLORE

Zip Code

RNS, 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 02/24/2005 and assigned Florida document number L05000019194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SR 2981, 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: New Registered Office Address: Enter Florida street address , Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

IGR = M	langger '		FILED		
MBR = A	Authorized Member		2011 5-	· •	
<u>itle</u>	Name	<u>Address</u>	2014 DEC 12 PM 12: 31	Type of Action	
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	ate, if other than the d late must be specific, cannot locument is filed by the Flor	late of filing: t be prior to date of receipt or filed date are rida Department of State)	(optional) ad cannot be more than 90 days after
Dated	afecenche.	10th 2014.	
	/ con		
_	$-\sqrt{2}$ s	signature of a member or authorized repr	esentative of a member
-	72 S	Signature of a member or authorized repr	esentative of a member

Page 3 of 3

Filing Fee: \$25.00