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SEGRETATE OF CORPORATIONS

10 MAR -8 AM #4 OC

T. HAMPTON

MAR - 9 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: SGRJ Coperties 12C 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:
Gary W. Sims Name of Person
Firm/Company
Destin Je 32541
Destin Je 32541
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (\$50, \$30 - 6413 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Cadditional copy is enclosed}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$

MAILING ADDRESS:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

State State

10 MAR -8 AM II: 01

DIVISION OF CORPORATIONS BUREAU OF COMMERCIAL INFORMATION SERVICES

March 9, 2010

RJSG PROPERTIES, L.L.C. 612 MAGNOLIA DR DESTIN, FL 32541

SUBJECT: RJSG PROPERTIES, L.L.C.

Ref. Number: L05000056959

We have received your document for RJSG PROPERTIES, L.L.C. and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 010A00004973

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

Name of the Limited Liability (A Florida Li	Company as it now appears on our records. mited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>LOS DOOD 56</u>	mpany were filed on <u>06/08/2</u> 959	2005 and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limite	ed liability company here:	
	es LLC	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		¥ XS
(Principal office address MUST BE A STREET ADDRE	ESS)	CR.
17 megat vijec uuress 12001 pp 11 01 1122 1222 1		
·		8 0 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SNG LV
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street	address
	, Florida	
	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.

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 **Address** Type of Action **Title** <u>Name</u> ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00