

LO5000110036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

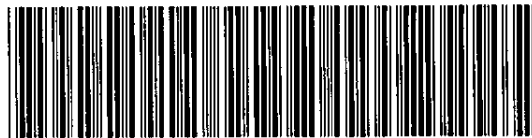
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/14--01002--001 **25.00

09/12/14--01002--002 **30.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 SEP 11 PM 4:16
TO APPROVE
SUFFICIENCY OF FILING

FILED
2014 SEP 11 PM 1:45
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

SEP 12 2014
T. BROWN

RMJP OAKCREST COMMONS, LLC		L05000110036

Thank you!

<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit	LLC Name Change	
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

9/11/2014

 ST

Order#: **9273562**
 Ref#: _____
 Amount: \$ _____

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

RMJP OAKCREST COMMONS, LLC	L05000110036	

Thank you!

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | <input checked="" type="checkbox"/> LLC Name Change | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
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Name _____
 Availability _____
 Document _____
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 Verifier _____
 W.P. Verifier _____

9/11/2014

 ST

Order#: **9273562**
 Ref#: _____
 Amount: \$ _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
14 SEP 11 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RMJP Oakcrest Commons, 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 11/14/2005 and assigned
Florida document number L05000110036.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bremmi Oakcrest 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 _____
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Bremmi Holdings LLC	901 Artis Road	<input checked="" type="checkbox"/> Add
		Plymouth Meeting PA 19462	<input type="checkbox"/> Remove
MGR	Paula Rapoport Katz	901 Artis Road	<input type="checkbox"/> Add
		Plymouth Meeting PA 19462	<input checked="" type="checkbox"/> Remove
MGR	Jeffrey Rapoport	458 N Appletree Lane	<input type="checkbox"/> Add
		Lafayette Hill PA 19444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 11, 2014.



Signature of a member or authorized representative of a member

Paula Katz

Typed or printed name of signee