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COVER LETTER

Division of Col			
SUBJECT:	R Proporty av	1d Development, LL ited Liability Company)	<u>C.</u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	RBR Propos	(Name of Person) Ly and Development (Firm/Company)	, LLC.
	1727 16th 5	(Address)	
	ST. Peterest	CityAstate and Zip Code)	. <u> </u>
For further information of	concerning this matter, please c	ail:	
Ronkico (Name	O. Smith of Person)	at (<u> </u>	elephone Number)
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDDECS.		CTDEET/CAUDIED	A DDD FCC.

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

ARTICLES OF OR	IGANIZATION	o ₹
OF		8
		三 吳祖
· PRP Parata A Day	10-10-11-0	- PA
(Name of the Limited Lightlity Company (A Florida Limited Lia	as it now appears on our records.)	
(A Florida Limited Lia	bility Company)	PH RECEIVED
	<u> </u>	RAA RAA
(Name of the Limited Liability Company (A Florida Limited Lia The Articles of Organization for this Limited Liability Company w	vere filed on July 12,200	and assigned ==
Florida document number LD7000072130	,	2 88
Tortal document harriest		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
RER Auto Smes of Pivellins, I The new name must be distinguishable and end with the words "Limite	<u></u>	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	3301 13th Ave So ST. Pelersburg, PZ	· Unite
(Principal office address MUST BE A STREET ADDRESS)	ST. Peleasbuser Pa-	33712
(Triffelpur office party cap in OST Burns and State St	3, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10	<u> </u>
Enter new mailing address, if applicable:	ST. Referebburg, FZ	unit C
(Mailing address MAY BE A POST OFFICE BOX)	ST. Releasburg, FZ	- 33712
TO SHARING THE PROPERTY OF THE	3	
TO TO 11 11 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	11	41
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		the name of the new
registered agent and/or the new registered office address nerg.		
D	00'14	
Name of New Registered Agent:	uw.U. Smith	
77	0113th Ave Su. Uni (Enter Florida street ad	44
New Registered Office Address: '\$3	/Futan Florida straat ac	Idraes
ST. Pe	teasboas, Florida_	33712
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
THE RESIDENCE OF THE STREET, IT CHANGE THE ENGINEER APPLIE		

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 <u>Address</u> **Type of Action** Title <u>Name</u> Ronver co O Smith ☐ Add Remove Add Remove ☐ Add Remove Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 8th Signature of a member or authorized representative of a member Ronvius O. Smith Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00