19043567330 Holbrook Division of Corporations	03:29:09 p.m.	11-17-2015 1/4 Page 1 of 2
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Note: DO NOT hit the REFRESH/RELOAD button on yo page. Doing so will generate another cover . To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : HOLBROOK, AKEL, Account Number : I20020000128 Phone : (904)356-6311 Fax Number : (904)356-6311 Fax Number : (904)356-7330 **Enter the email address for this business entity t annual report mailings. Enter only one email address : LLC AMND/RESTATE/CORRECT OR M/T RTNT PROPERTIES, LLC Certificate of Status 0 Certificate of Status 0 Page Count 04	COLD, RAY &	FILED. FILED. 15 NOV 17 A P.A. SECRETARY OF SHITE SECRETARY OF
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RTNT PROPERTIES. 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 <u>10/12/2007</u> and assigned Florida document number <u>L07000104042</u>.

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 LLC."

Enter new principal offices address, if applicable:		-
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	_
Enter new mailing address, if applicable:	SSR -	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	m
		O
	ATE RICE	•
B. If amending the registered agent and/or registered office a new registered agent and/or the new registered office address	ddress on our records, enter the mame	of the

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, Florida	
1	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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> <u>Type of Action</u>	<u>Nam</u>	<u>1</u>	<u>Address</u>	
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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) (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) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 17 2015

Signature of a member or authorized representative of a member

Daniel D. Akel. Authorized Representative

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Typed or printed name of signee

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Filing Fee: \$25.00