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2014 JAN -6 PH 12: 51 Secondary of State Tallahassee, Florida

N. GUMBER JAN 1 U ZUM

FL Dept of St	cover letter
TO: Registration Secti Division of Corpo	on ~
SUBJECT:	RLG LLC Name of Limited Liability Company
	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Name of Person RLG LLC changing to LORI GUTHRIE L
	Firm/Company
	2808 Sw 17th Yl Address
of the second	Cape Coral, FL 33914 City/State and Zip Code
A STATE OF THE STA	E-mail addiess: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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 JAN -6 PM 12: 51

SECRETARY OF STATE TALLAHASSEE, FLORIDA

'KLG LL(<u>C</u>	
(<u>Name of the Limited Liability Comp</u> e (A Florida Limited	any as it now appear Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on MA	РСН 14, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here	:
LociGo7HRIE LLC The new name must be distinguishable and end with the words "Lim		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Some -	2808 SW17+LPL
(Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL , FL 33914
Enter new mailing address, if applicable:	same as	above
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ur records, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Ente	er 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = 1 AMBR =	vianager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action Add
			Remove
			Add
			Add
			Remove
			AddRemove
			Add
			Add

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	tive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(
Dated	JANUARY 1, 2014.
	Lori Stathrie
	Signature of a member or authorized representative of a member LORI S G JH REE
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00