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L080000077653

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LINDELL & FARSON, P.A.
Account Number : I20030000019
Phone : (904) 880-4000
Fax Number : (904) 880-4013

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROBERT THOMAS INVESTMENT PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
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B. BOSTICK

JAN 6 2011

EXAMINER

(((H11000004090 3)))

Jan. 5. 2011 2:24PM

No. 8816 P. 2/4
(((H11000004090 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Robert Thomas Investment Properties, LLC
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:

J. Michael Lindell, Esq.

Name of Person

Lindell & Farson, P.A.

Firm/Company

12276 San Jose Blvd., Suite 126

Address

Jacksonville, FL 32223

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Hoffman

Name of Person

at (904)

880-4000

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

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Jan. 5. 2011 2:24PM

No. 881611033/4090 3)))

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

Robert Thomas Investment 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 08/12/2008 and assigned
Florida document number L08000077653

This amendment is submitted to amend the following:

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

RTIP, 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:

10875 Old Dixie Highway, Suite 1

(Principal office address MUST BE A STREET ADDRESS)

Ponte Vedra Beach, FL 32081

Enter new mailing address, if applicable:

10875 Old Dixie Highway, Suite 1

(Mailing address MAY BE A POST OFFICE BOX)

Ponte Vedra Beach, FL 32081

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 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

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No. 8816111 P. 4/4090 3)))

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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert A. Thomas	100 Pond View Court Jacksonville, Fl 32259 Effective October 6, 2009	<input type="checkbox"/> Add <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
			<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.)

Dated Jan. 3, 2011

Signature of a member or authorized representative of a member

Glenn C. Smith

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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