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B. BOSTICK
MAY - 4 2012
EXAMINER

5/1/2012

Department of State

Please accept the enclosed Articles of Amendment and the \$25.00 filing fee (total check - \$125) for the following entities:

RMZ,LLC Camp Keystone, LLC Marley RE, LLC Crescent Lake, LLC Regatta Beach, LLC

Day Ph # - 727-639-5468

Return Address PO Box 2452 Tarpon Springs FL 34688

Thank You Ralph Zuckerman

COVER LETTER

TO: Registratio Division of	n Section Corporations				
SUBJECT:					
Soldiect.	-				
	s of Amendment and fee(s) are sulespondence concerning this matter	•			
		Sandy Chiszar			
		Name of Person			
					
	1809 Cypress Trace Drive				
	Sa	afety Harbor, Fl. 34695			
		City/State and Zip Code	12 MAY		
	E-mail address: (avalonbuildingcorp.com to be used for future annual report notification)			
For further information	on concerning this matter, please of	call:			
R	talph Zuckerman	at (727) 639-5468	per STORED PH 4: 06		
Nar	ne of Person	Area Code & Daytime Telephone Numl	PH 4: 06 PH 4: 06 ber STITE ber STITE		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclosed)		
Reş Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, 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

	RMZ,						
(<u>Name of the Limited I</u> (A l	iability Compa Florida Limited I	ny as it now appear Liability Company)	rs on our records	,			
The Articles of Organization for this Limited Lia	were filed on	06/18/2009	•	_ and assigned			
Florida document numberL090000584	197						
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of t	the limited liab	ility company her	<u>:e</u> :				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compa	nny," the designation	on "LLC"	or the a	abbreviation	
Enter new principal offices address, if applical	ble:	1809 Cypres	s Trace Drive				
(Principal office address MUST BE A STREET	<u>(ADDRESS)</u>	Safety Harbo	r, Fl. 34695	ALLA MAS	77	ezw L	
Enter new mailing address, if applicable:				0, 0, 101	્ર 	Ü	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			<u> </u>	:: ::	1 ¹	
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>en</u>	ter the	on name o	f the nev	
Name of New Registered Agent:	Sandra Chis	szar					
New Registered Office Address:	1809 Cypress Trace Drive Enter Florida street address						
		Safety Harbor		a 34695		5	
		City	<u></u> -	Z	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

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> **Name** <u>Address</u> **Type of Action MGRM** Chiszar, Sandra 3300 Masters Drive ☐ Add Clearwater, Fl. 33761 Remove Chiszar, Sandra MGRM PO Box 2452 **✓** Add Tarpon Springs, Fl. 34688 ☐ Remove □ Remove ☐ Add Remove □ Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4/25 2012 Dated Signature of a member or authorized representative of a member Sandra Chiszar Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00