

LD9000087018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

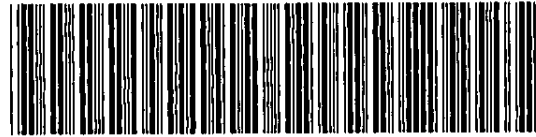
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rindge Holdings, 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:

Ellen C. Vanderburg

Name of Person

c/o Key Private Bank

Firm/Company

12830 University Dr., Suite 100

Address

Fort Myers, FL 33907

City/State and Zip Code

Ellen.C.Vanderburg@keybank.com

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

For further information concerning this matter, please call:

Ellen C. Vanderburg

Name of Person

at (239) 466-2513

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**

Rindge Holdings, 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 09/09/2009 and assigned

Florida document number LO09000087018

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Key Private Bank

12830 University Dr., Suite 100

Fort Myers, FL 33907

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Ellen C. Vanderburg, c/o Key Private Bank

12830 University Dr., Suite 100

Fort Myers, FL 33907

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:

Ellen C. Vanderburg, c/o Key Private Bank

New Registered Office Address:

12830 University Dr., Suite 100

Enter Florida street address

Fort Myers

Florida

33907

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.

Ellen C. Vanderburg
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2 on behalf of KeyBank, NA
SVP & Regional Trust Mgr

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>
MGMR	c/o Northern Trust, NA Trustee	4001 Tamiami Trail N., Suite 100 Naples, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	c/o Key Private Bank, Trustee	12830 University Dr., Suite 100 Fort Myers, FL 33907	<input checked="" 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 March 25, 2013.

Ellen C. Vandenberg
Signature of a member or authorized representative of a member *SVP Regional Trust*
Key Private Bank as Trustee of the Rindge Trust FBO S Rindge, Member *MGR*
Typed or printed name of signee