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J. SAULSBERRY EXAMINER

FEB 16 2012

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	STUMP'	Y H ARRIS, LLC	
			nited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
			Aimee E. Rox Name of Person	
			Name of Person	
		R	obert P. Saltsman, P.A.	
-			Firm/Company	
	222 S. Pennsylvania Ave., Suite 200		Pennsylvania Ave., Suite 200	
			Address PLS 2	
		V	Vinter Park, FL 32789 City/State and Zip Code	raeci
			City/State and Zip Code	(Target
		AIME	EE@SALTSWANPA.COW	}
For fun	ther information of	concerning this matter, please	Call: Spar co	j 4
	ROBER	RT P. SALTSMAN	at (407) 647-2899	
		of Person	Area Code & Daytime Telephone Number	
Enclose	ed is a check for t	he following amount:	·	
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	I)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

STUMPY HA	ARRIS, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear Jiability Company)	s on our records.)		
·	• • • • • • • • • • • • • • • • • • • •			
The Articles of Organization for this Limited Liability Company	were filed on	10/14/09	and assign	ned
Florida document numberL09000099558				
•				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
RSH RENTAL PRO	PERTIES, LLO	;		
The new name must be distinguishable and end with the words "Limi	ted Liability Compa	пу," the designation	"LLC" or the abb	reviation
"L.L.C."			A 25 20 20 20 20 20 20 20 20 20 20 20 20 20	
Enter new principal offices address, if applicable:			CN ZF	-
(Principal office address MUST BE A STREET ADDRESS)			HASE B	#APPEND
			SE 5	
			A	Ĭ
Enter new mailing address, if applicable:			등	Manage and
(Mailing address MAY BE A POST OFFICE BOX)			E 2	
(interior) with the state of th	 			
				+
B. If amending the registered agent and/or registered of	fice address on o	our records, enter	the name of t	he new
registered agent and/or the new registered office address her	<u>e</u> :		-	
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:				
New Registered Office Address.	En	ter Florida street ac	ddress	
		. Florida		
	City	, T.U. IUA _	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 = Ma MGRM = N	nager Aanaging Member		,
<u>Title</u>	Name	Address	Type of Action
			Add Remove
 .			Add Remove
			Add Remove
		<u> </u>	Add Remove
	<u> </u>		Add Remove
	·		Add
D. If amend	ling any other information, enter chang	c(s) here: (Attach additional sheets, if necessary.	2012 FEB: SECRETA TALLAHAS
			2012 FEB 15 AN
-			O Br 24
Dated	Model A Han	2/2	
	GOLDIN A.		
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00