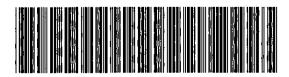
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SECRETARY OF STATE DIVISION OF CORPORATION

Office Use Only

B. KOHR
FEB 28 2012
EXAMINER

COVER LETTER

TO: Registration S Division of Co		•	,
SUBJECT:	Florida Re	gional Center, LLC	
		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	τ to the following:	DINISION OF CORPOR. 1:57
		Sandy Albanese	60 F
		Name of Person	3
F		lorida Regional Center	ب
		Firm/Company	
		US Highway One, Suite 301 Address	,
	Palm	Beach Gardens, FL 33408	
		City/State and Zip Code	
	Sand	y@acdofsouthflorida.com to be used for future annual report notifica	tion)
For further information	concerning this matter, please		
Sa	ndy Albanese	at \	99-0050
Name	of Person	Area Code & Daytime	Celephone Number
Enclosed is a check for	the following amount:		
▼ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIEI Registration Section	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida I	Regional Center, LLC		12 Sold
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	S OFF
	a su Eobr	uon, 22, 2010	C Cago
The Articles of Organization for this Limited Liability	Company were filed onFebru	Jary 23, 2010	and assigned
Florida document numberL1000020316	*		and assigned
			نين
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:		
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Company," t	he designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			·········
(Principal office address MUST BE A STREET ADL	<u>PRESS)</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	 		
D 10 11 11 11 11 11 11			
B. If amending the registered agent and/or regingless: The second agent and/or the new registered office ad		cords, enter the	name of the new
	· ·		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida street address	ŗ
		, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Capital 500, LLC	11770 US Highway One, Suite 301 Palm Beach Gardens, FL 33408	Add Remove
MGRM	RLY Investments 100, LLC	11770 US Highway One, Suite 301 Palm Beach Gardens, FL 33408	Add Remove
MGRM	Florida Regional Center GF	11770 US Highway One, Suite 301 Palm Beach Gardens, EL 33408	Add Remove
MGR	Florida Regional Center GP பட	11770 US Highway One, Suite 301 Palm Beach Gardens, FL 33408	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_ _
			_
 Dated		eseñal Sie	
	\	r authorized representative of a member s A. Mastroianni, II	
		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00