12/17/2012 14:35 FAX

LEOPOLD KORN LEOPOLD SNY

2001/004

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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

: LEOPOLD KORN & LEOPOLD, P.A. Account Name

Account Number: I20010000025 Phone : (305)935-3500

Fax Number : (305)935-9042

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Emai I Address: kieopold@leopoldkorn.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REMS ACQUISITIONS, LLC

REMARKS	10110, 220
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Corporate Filing Help

EXAMINER

EXAMINER

12/17/2012

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

REMS ACQUIS	ITIONS, LLC	Ser A
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	Port of the second
The Articles of Organization for this Limited Liability Company w	vere filed on 11/04/2010	and assigned?
Florida document number L10000114873		LORIGIA SO
This amendment is submitted to amend the following:		y
A. If amending name, enter the new name of the limited liabili	ty company here:	
RL CDO, LLC, a Florida limited liability company		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		20 N
(Principal office address MUST BE A STREET ADDRESS)		TO THE
		SST. P. P.
Enter new mailing address, if applicable:		men -
(Mailing address MAY BE A POST OFFICE BOX)		55 53
		7
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

MGR = Manager

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:

MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Kethove
			Add
			Remove
•			<u>г</u>
			L_] Add
			Remove
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			Add
			Remove
			Add
			Remove
			-
			_
			F
			Remove
		•	

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	Decenses 17 , 2912.
	Signature of a member or authorized representative of a member
	Robert S. Lechter
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00