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SECRETARY OF STATE

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COVER LETTER

TO: Re Di	gistration Sec vision of Corp	tion ', orations		
SUDIECT.	RLB Propert	ies, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Rebecca Bodin		
			Name of Person	
		RLB Properties, LLC		
		·	Firm/Company	
		502 W Jefferson Street		
			Address	
		Tallahassee, FL 32301		
		<u></u>	City/State and Zip Code	
		beccabodin416@gmail.com		
			to be used for future annual report noti	fication)
For further:	information co	ncerning this matter, please ca	all:	
Rebcca Boo			850 566-9852 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e 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

RLB Properties, LLC		
(Name of the Limited Liability Compa (A Florida Limited 1	ny as it now appears on our recor Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000044378</u> .	were filed on April 14, 2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	25S
	T.	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, c provided for in Chapter 605 address, I hereby confirm to	and I am familiar with and F.S. Or, if this document is hat the limited liability
If Char	nging Registered Agent, Signature	of New Registered Agent

Page 1 of 3

' If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Rebecca L Bumgamer	502 W Jefferson Street, Tallahassee	Add
٠			■ Remove
			Change
MGR	Rebecca B Bodin	502 W Jefferson Street, Tallahasseε	■ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			□ Remove
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	03/21/2017	te of filing or more than 90 d	_ (optional) ays after filing.) Pursuant	to 605.02
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Departure.	specific and cannot be prior to dat does not meet the applicable s tment of State's records.			
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Department's effective date on the Department's pecifies a delayed efficient of the 90th day after the record	specific and cannot be prior to dat does not meet the applicable s timent of State's records.			
rective date, if other than the date in effective date is listed, the date must be stee. If the date inserted in this block cument's effective date on the Department's effective date on the Department's pecifies a delayed efficient of the 90th day after the record the March 21	specific and cannot be prior to dat does not meet the applicable s timent of State's records.			
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Filing Fee: \$25.00