

110000laH2

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JUL 25 2011

EXAMINER



600210146206

07/22/11--01023--003 **25.00

RELAHASSEE FLORIDA

COVER LETTER

τ̈́ο:

ŤO:	Registration S Division of Co			
SUBJECT: RM PT PROPERTIES LLC				
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fce(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		LISA ZAHORIAN		
			Name of Person	
TAX & Fi		TAX & FII	NANCIAL STRATEGISTS LLC	<u>. </u>
			Firm/Company	
	28089 VANDERBILT DR., SUITE 201			
			Address	
		BON	IITA SPRINGS, FL 34134	
	City/State and Zip Code			
		LIS.	A@WONDERTAX.COM (to be used for future annual report notification	201
For fur	ther information of	concerning this matter, please	, X	, , , , , , , , , , , , , , , , , , ,
	LIS	A ZAHORIAN	at (239) 40	5-8395
	Name o	of Person	Area Code & Daytime Te	lephone Number
Enclos	ed is a check for t	he 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)
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL ¹ 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OPERTIES LLO		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appe: ed Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Comparing L11000061142.	any were filed on	MAY 24, 2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company he	ere:	
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Comp	pany," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I Name of New Registered Agent:		our records, enter th	ne name of the new
New Registered Office Address:			
New Registered Office Address.	E.	nter Florida street addi	ess N
		بران , Florida ع	3 3 11
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		위 (조)

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGRM</u>	DARLA BETLACH	430 CYPRES WAY EAST NAPLES, FL 34110	✓ Add Remove
MGRM_	SAMANTHA SENKA	RIK 1260 OXFORD LANE NAPLES, EL 34105	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information,	enter change(s) here: (Attach additional sheets, if necess	ary.)
 Dated	MAY 25TH		_
Daleu	M.	_, C. O. D. S. A. J.	
	Signature	of a member or authorized representative of a member	
		MICHAEL BETLACH	
		Typed or printed name of signee	

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Filing Fee: \$25.00