Ø001/004

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850) 617-6383

Eron:

Adcount Name 1 DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO 4 BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

Fax Number : (407)423-1831

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

Brail Address: dean@readerpartners.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RP PROMONTORY, LLC

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Electronic Filing Menu

Corporate Filing Menu

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TARY OF STATE

(((H16000080344 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

•		4.25 KIRW
(NICOMANIA NICOMANIA	RP Promontory, LLC	
(Jasme of the Pin	(A Florida Limited Liability Company)	19 OILE LOCATE
		⊒ [™] >
The Articles of Organization for this Limited	Liability Company were filed on <u>Nov</u>	rembor 15, 2012 Son and assigned
Florida document numberL12000144717		م چ 2: RID
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here	ŗ
RP WWS DEV, LLC		
The new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
· · · · · · · · · · · · · · · · · · ·		
(Principal office address MUST BE A STRE	KLADDRESS)	
,	**************************************	
Enter new mailing address, if applicable:	<u> </u>	;
(Mailing address MAY BE A POST OFFICE	BOX	
B. If amending the registered agent and	for registered office address on o	ur records, <u>enter the name of the new</u>
registered agent and/or the new registered of	Mice address nore:	
Name of New Registered Agent:	Dean A. Barberree	
New Registered Office Address:	5850 T. G. Lee Boulevard, Suite 200	ı
- And Street Assessment Communication Commun	Enter Florida	street address
	Orlando	, Florida _ ³²⁸²²
:	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 605, 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

Page 1 of 3

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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 = Man AMBR = Aut	ager norized Member		
Title	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
			D Add
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Ifam	ending any other information, ent	(((H16000080344 3))) ter change(s) here: (Attach additional s	sheets, if necessary,)
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	•	e, but not an effective time, at 12:01 a.m. on	the earlier of the The Cost day of
io tec	ord is filed.	s, but not an effective time, at 12.01 a,m. or	tine eartier of: (b) The your day after
Dated .	March 88		
mieu ,	101011		
	Signature of	al a monther or authorized tepresentative of a m	
	Dean A. Barberree		
		Typed or printed name of signee	
		w. a	
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		Filing Fee: \$25.00	