L12000150583

| (Requestor's Name) | | | |
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| (Address) | | | |
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| (City/State/Zip/Phone #) | | | |
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| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| , , | | | |
| (Document Number) | | | |
| (2000) | | | |
| Certified Copies Certificates of Status | | | |
| Certifica Copies | | | |
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| Special Instructions to Filing Officer: | | | |
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SECRETARY OF STATE TALLAMASSEE, FLORIDA

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

RTI Management, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Schlossberg

Name of Person

RTI Management, LLC

Firm/Company

100 East Granada Blvd

Address

Ormond Beach, FL 32118

City/State and Zip Code

john@resorttransfers.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Schlossberg

at (386) 547-2853

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED 2013 DEC 26 PM 1: 36

SEEM TARY OF STATE TALLAHASSEE, FLORIDA

| (Name of the Limited (A | Liability Compat Florida Limited L | ny as it now appea liability Company) | rs on our records.) | |
|--|--|--|---|--|
| The Articles of Organization for this Limited Li- Florida document number <u>L12000150583</u> | ability Company | were filed on De | ecember 3, 2012 and assigned | |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liab | ility company he | <u>re</u> : | |
| The new name must be distinguishable and end wit "L.L.C." | h the words "Limi | ited Liability Comp | any," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if application | able: | 110 East Granada Blvd | | |
| (Principal office address MUST BE A STREE | TADDRESS) | Suite 214 | | |
| | | Ormond Bea | ach, FL 32176 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | | | |
| B. If amending the registered agent and/or the new registered of | or registered of fice address her | ffice address on re: | our records, enter the name of the new | |
| Name of New Registered Agent: | Kathleen R | . Sadowski | | |
| New Registered Office Address: | 428 Pelican Bay Dr. | | | |
| Territogista State (16th 65) | | E | nter Florida street address | |
| | Daytona Bo | each | , Florida 32119 | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing I | Registered Agent: | Ŀ | | |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 |
|--------------|----------------------|------------------------|----------------|
| MGRM | Steve Schlossberg | 100 East Granada Blvd | Add |
| | | Ormond Beach, FL 32176 | Remove |
| MGRM | Kathleen R. Sadowski | 110 East Granada Blvd | Add |
| | | Suite 214 | Remove |
| | | Ormond Beach, FL 32170 | 3_ |
| | | | Add |
| | | | Remove |
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| amending any other information, ent المراج | er change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| December 18 | , <u>2013</u> . |
| | |
| Signature of | a member or authorized representative of a member |
| Steve Schlossberg | |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

