Electronic Filing Cover Sheet

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(((H13000096992 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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. **

Email Address:

APR 30

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RL ACQUISITION HOLDINGS, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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MAY -1 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

13 APR 30 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

	JISITION HOLDINGS		
(Name of the Limited Liabli (A Florid	a Limited Liability Company	ears on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	02/08/2013	and assigned
Florida document number <u>L13000020456</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
RL GY, LLC			
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Com	pany," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	<u></u>	
Enter new malling address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. To Non-Alexandra and an analysis and an alexandra and an analysis and an alexandra and an analysis and an alexandra and	istand office address on	our records enter	the name of the new
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		Our records, enter	tue hame of the her
Name of New Registered Agent:			
New Registered Office Address:		-	
	1	Inter Florida street add	iress
		, Florida	
	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 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 = Ma MGRM = I	MGR = Manager MGRM = Managing Member				
Title	Name	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
			Add		
			Remove		
			- □1		
		·	Remove		
			- -		
 -			L Add		
			Remove		
			<u>.</u>		
			Add		
			Remove		

D.	lf amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	-	
	_	
Dat	ed	4/29 . 2013 .
		Signature of a member or authorized representative of a member
		Robert S. Lechter, Manager
		Typed or printed name of signee

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Filing Fee: \$25,00