L1300005/03Z

(Requesto	or's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	it Number)
Certified Copies	Certificates of Status
Special Instructions to Filing 0	Officer:
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SECRETARY OF STATE
TALL ANASSEE FI OBION

T. Burch APR 18 2014

COVER LETTER

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TO: Registration S Division of Co		1	•
SUBJECT: 2276	St Swithin LLO	C	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Robert K. He	ereford	
		Name of Person	
		Firm/Company	
	361 Hiawath	na Way	
		Address	
	Melbourne E	Beach, FL 32951	
		City/State and Zip Code	
	bobhereford@me		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Robert K. F	Hereford	at (321) 223-80	002
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

2276 St Swithin LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/08/2013 Florida document number L13000051032 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RKH-6, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 423 River View Lane Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Melbourne Beach, FL 32951 P.O. Box 2139 Enter new mailing address, if applicable: Melbourne, FL 32901 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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ffective are effective date thin	date, if other than the date of filing: date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after a document is filed by the Florida Department of State) 3/21/14 Signature of a member or authorized representative of a member Robert K. Hereford

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Filing Fee: \$25.00