# L13000/31197

| (R                      | (equestor's Name       | <del> </del>   |
|-------------------------|------------------------|----------------|
| (A                      | ddress)                |                |
| (A)                     | address)               |                |
| (C                      | City/State/Zip/Phone # | <del>/</del> ) |
| PICK-UP                 | ☐ WAIT                 | MAIL           |
| (E                      | Business Entity Name   | e)             |
| (0                      | Occument Number)       |                |
| Certified Copies        | Certificates o         | of Status      |
| Special Instructions to | o Filing Officer:      |                |
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SECRETARY OF STATE
SECRETARY OF STATE

FEB - 4 2013 T. **HAMPTON** 

### **COVER LETTER**

| TO: | Registration Section     |
|-----|--------------------------|
|     | Division of Corporations |

R PROPERTY GROUP 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:

# LANA ROSENBAUM

Name of Person

Firm/Company

2743 BLUE SPRINGS PLACE

Address

WESLEY CHAPEL, FL 33544

City/State and Zip Code

GNLRTARA@YAHOO.COM

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

For further information concerning this matter, please call:

# MELISSA BRITTON

at  $(\underbrace{813}_{\text{Area Code}})\underbrace{469\text{-}7886}_{\text{Daytime Telephone Number}}$ 

Name of Person

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 Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Mailing address MAY BE A POST OFFICE BOX)  |   | PH 1: 36 FE. FLORID          |
|---|---|------------------------------|
| Enter new mailing address, if applicable:   |   | FILAHASSE                    |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                              |
| Enter new principal offices address, if applicable:   |   |                              |
| The new name must be distinguishable and end with the words "Limited Lie  | ability Company," the designation "LLC                        | or the abbreviation "L.L.C." |
| LANA ROSENBAUM LLC  | muty company nere:  |                              |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited lia | hility compony bara   |                              |
| Florida document number L13000131197  |   |                              |
| The Articles of Organization for this Limited Liability Compan  | ny were filed on <u>9/16/13</u>                               | and assigned                 |
|   | pany as it now appears on our records<br>d Liability Company) | · /                          |
|   | pany as it now appears on our records                         | is )                         |

### 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** □ Add ☐ Remove \_ 🗆 Add \_□ Remove \_ 🗆 Add ☐ Remove □ Add ☐ Remove \_□ Add \_□ Remove

| 5                   |   |                      | ttach additional sheets, if nec |                 |
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|                     | if other than the date of must be specific, cannot be present is filed by the Florida D |                      | (opti                           | ional)<br>after |
| the date this docur |   | Department of State) | (opti                           | ional)<br>after |
| the date this docur | ment is filed by the Florida D  | Department of State) | (opti                           | onal)<br>after  |
| the date this docur | nent is filed by the Florida D  Jan 31  Mel   | Department of State) | <del>_</del>                    | ional)<br>after |

Page 3 of 3

Filing Fee: \$25.00

