L14000002171

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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: RL5, L	LC Name of Limite	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	o the following:	
	Christopher J. W	igley Name of Person	
		Name of Person	
		Firm/Company	
	30 NE Alice Stree		
		Address	
	Jensen Beach, FL	34957 City/State and Zip Code	
	wigley5@bellsouth E-mail address: (to	1.net to be used for future annual report notificat	ion)
For further information cond	cerning this matter, please ca		
Stephanie Boyer		at (_772) _288-0048	
Name of Po	erson	Area Code Daytime Te	lephone Number
Enclosed is a check for the f	following amount:		
©k \$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

RL5, LLC (Name of the Limited Liability Company as it now appears on ou.	r records)
(A Florida Limited Liability Company)	r records.
The Articles of Organization for this Limited Liability Company were filed on01/06/2	014 and assigned
Florida document number <u>L14000002171</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
L5R, LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," the "L.L.C."	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	TA SI
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	AN 3 HASSET
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SIATE CORRES
	2. 2.
B. If amending the registered agent and/or registered office address on our rec registered agent and/or the new registered office address here:	ords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Flori	da street address
	, 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = N $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			TALL SE
			ARE ARE
			ASSEEL FLORIDA
			H 1: 24 F STATE FLORIDI
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	•	<u> </u>
		_
,		_
		_
E. Effect	tive date, if other than the date of filing:	207 (3)(b)
Dated/	// 7// 0 , 2014	
·	' PM	
	Signature of a member or authorized representative of a member	
	Christopher S. Wigley Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	TAIS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA