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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RL II	LLC	
(Name of the Limited Liability Compa (A Florida Limited	<u>ny as it now appears on our record</u> Liability Company)	5,)
The Articles of Organization for this Limited Liability Company	were filed on <u>2/28/2014</u>	and assigned
Florida document number L14000035061		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
, , , , , , , , , , , , , , , , , , , ,		
The new name must be distinguishable and end with the words "Lin"L.L.C."	ited Liability Company." the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2000 N. Bayshore Dr.	
(Principal office address MUST BE A STREET ADDRESS)	App. 1006	
	Miami, FL 33137	
		\$ 1
Enter new mailing address, if applicable:	2000 N. Bayshore Dr.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	App. 1006	
	Miami, FL 33137	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		nter the name of the new
1-618(c) cu un	<u>c</u> .	
Name of New Registered Agent:		
Twine of New Registered Agent.		
New Registered Office Address:	Enter Florida stree	et oddress
	Emer 2 to that the	ः सहस्रार ६०५३

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Florida

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Fax Audit: H140001567593

608 827 5501 P.002

Zip Code

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If amending the Managers or Authorized Member on our records, <u>enter the fitle, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>tle</u>	Name	<u>Address</u>	Type of Action
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	late, if other than the date of filing:
	late, if other than the date of filing: date is listed, the date unist be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1) Lb - b - Lo (4)
	late, if other than the date of filing: date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(1) 26 - 6 - 2014

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