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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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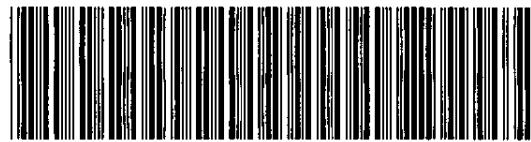
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JAN 28 2016  
J. BRUCE

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

RB PROPERTIES OF LAKEWOOD II LLC

**SUBJECT:** \_\_\_\_\_  
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:

R. BRADFORD ENGELHARDT

Name of Person

RB PROPERTIES OF LAKEWOOD II LLC

Firm/Company

7660 NEMEC DR

Address

WEST PALM BEACH, FL 33406

City/State and Zip Code

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

For further information concerning this matter, please call:

Anthony Bostwick, Esq.

Name of Person

at (561) 493-9200  
Area Code Daytime Telephone Number

2016 JAN 27 PM: 25  
SECURE TAKIY OF STATE OF FLORIDA  
TALLAHASSEE, FL 32399-0001  
USA

**FILED**

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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**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

RB PROPERTIES OF LAKEWOOD II 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 05/07/2014 and assigned  
Florida document number L14000074169.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

R. BRADFORD ENGELHARDT

New Registered Office Address:

7660 NEMEC DR

Enter Florida street address

WEST PALM BEACH

, Florida

City

33406

Zip Code

SEARCHED  
INDEXED  
SERIALIZED  
FILED  
MAY 27 2016  
TALLAHASSEE, FLORIDA  
ILED

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRADFORD R ENGELHARDT	7660 NEMEC DR WEST PALM BEACH, FL 33406	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	R. BRADFORD ENGELHARDT	7660 NEMEC DR WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

FILE  
2016 JAN 27 P  
SECRETARY OF  
TALLAHASSEE, FL

E. K.

Effective date, if other than the date of filing. (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

JANUARY 25 2016  
Dated \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

R. BRADFORD ENGELHARDT

Typed or printed name of signee