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SECRETARY OF STATE
AND ANASSEE, FLORIDA

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## **COVER LETTER**

	Registration Solivision of Co			
SUDIE		oane Property, LLC		
SUBJEC	-I; <u>.                                    </u>	Name of Lin	nited Liability Company	——————————————————————————————————————
The encl	osed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Kristine M. Chapman, Esc		
			Name of Person	-
		Kristine M. Chapman, PA		
			Firm/Company	<del></del>
		2500 N. Military Trail, Sto	240	
			the following:  TO Name of Person  Firm/Company  40  Address  City/State and Zip Code  be used for future annual report notification)	
		Boca Raton, FL 33431		
			City/State and Zip Code	
		ke@kristinechapmanlaw.cc		
For furth	er information c	e-man address: (	·	Hication)
Kristine	Chapman			
-	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Section Division of Corpo Clifton Building 2661 Executive C	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RKL Brisbane Property, LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L14000165440	were filed on October 23, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the al	obreviation "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 here:		the name of the new
Name of New Registered Agent:		- S 3 M
New Registered Office Address:	Enter Florida street address	STALL ORIDA
	, Florida City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent us probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am j vovided for in Chapter 605, F.S. Or,	familiar with and if this document is

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>	Address	Type of Action
AR	Howard L Boy	60 Avonmore Street	
		Moggill, AU 4070	<b>≡</b> Remove
			Change
AR ———	Richard S. Lockley	231 Days Road	
		Grange, Queensland, AU 4051	Remove
			☐ Change
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		**************************************	Charles 1460 Wage
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	e date of filing: ust be specific and canno block does not meet th	e applicable statu	iling or more than 90 da	( <b>optional)</b> ys after filing.) Pursuant its, this date will not l	to 605.0207 be fisted as
the record specifies a delayon The 90th day after the re	ed effective date, cord is filed.	but not an effe	ective time, at 12	2:01 a.m. on the	earlier of
Dated April 26	201	7			
1	211-10	2			
//u	Signature of a membe	r or arthorized repri	esentative of a member	<u></u>	
		:/			

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Filing Fee: \$25.00