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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALL A HASSIF FLORIDA

HOV = 6 2014 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations		
Þ		
SUBJECT: RL Land Mana	agement LLC.	•
	Name of Limited Liability Company	
		•
		•
The enclosed Articles of Amendment ar	nd fee(s) are submitted for filing.	
Please return all correspondence concer	ning this matter to the following:	
Richa	rd L Gallagher Jr.	
	Name of Person	•
RLG La	and Management LLC.	
	Firm/Company	
_825_R	osebush Terrace	
	Address	
Sebas	tian, FL 32958	
	City/State and Zip Code	;
_rlglar	ndmanagement@att.net	
	E-mail address: (to be used for future annua	report notification)
For further information concerning this	matter, please call:	
Richard L Gallagher J	c. at (_772)_	643-2095
Name of Person	Area Code	Daytime Telephone Number
		•
Enclosed is a check for the following ar	mount:	
_	iling Fee & Status \$55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &

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

RLD Land Management LLC.	mnoaw on one rocords)
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	any)
The Articles of Organization for this Limited Liability Company were filed of Florida document number L14000166168	on <u>10/24/2014</u> and assigned
rionda document number <u>11400016616</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
RLG Land Management LLC.	·
The new name must be distinguishable and end with 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)	7AS 1
Enter new mailing address, if applicable:	တ္တန္မ်ာ ထိ ုံ
Mailing address MAY BE A POST OFFICE BOX)	77
	→
B. If amending the registered agent and/or registered office address	ss on our records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
Ent	er Florida 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	Aanager Authorized Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Remove
			Add ACC ACC ACC ACC ACC ACC ACC
·	• •		SSETCE PE III
			STATE AND A
			☐ Remove
•			
			□ Remove
			
			Add
			□ Remove
			·

Dated October 30 , 2014 . Signature of a member or authorized representative of a member		
Dated October 30 , 2014 Signature of a member or authorized representative of a member	•	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated October 30 , 2014 Signature of a member or authorized representative of a member		
Dated October 30 , 2014 . Signature of a member or authorized representative of a member		
ated October 30 , 2014 . Signature of a member or authorized representative of a member		
ated October 30 , 2014 . Signature of a member or authorized representative of a member		
Pated October 30 , 2014 Signature of a member or authorized representative of a member		
Signature of a nember or authorized representative of a member	Effective date, if other than the date of the effective date must be specific, cannot be pr	of filing: (optional) rior to date of receipt or filed date and cannot be more than 90 days after
	the date this document is filed by the Florida De	oparation of State)
	•	•
	Dated October 30	
Richard L Gallagher Jr. Typed or printed name of signee	Dated October 30	

Page 3 of 3

Filing Fee: \$25.00

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SECKETARY OF STATE
AND ASSEE, FLORID