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SUBJECT.	Name of Limited Liability Company	
	·	
	Elizabeth J. Walters, Esq.	
	Name of Person	
	Articles of Amendment and fee(s) are submitted for filing. Articles of Amendment and fee(s) are submitted for filing. Elizabeth J. Walters, Esq. Name of Person Burke Blue Hutchison Walters & Smith, P.A. Firm/Company 16215 Panama City Beach Parkway Address Panama City Beach, FL 32413 City/State and Zip Code breich@nalldev.com E-mail address: (to be used for future annual report notification) Formation concerning this matter, please call: Valters, Esq. Name of Person Area Code 1850 236-4444 Daytime Telephone Number Check for the following amount: ling Fee \$\Bigcirc \$30.00 \text{ Filing Fee & Certificate of Status & Certificed Copy (additional copy is enclosed)} Certificate of Status & Certificed Copy (additional copy is enclosed)	
	Firm/Company	Name of Person Somith, P.A. Firm/Company Way Address Address
	16215 Panama City Beach Parkway	
	Address	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy
	Panama City Beach, FL 32413	
	City/State and Zip Code	
For further inform	on concerning this matter, please call:	
Elizabeth J. Walte		
	Division of Corporations RC RESIDENCES, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Elizabeth J. Walters, Esq. Name of Person Burke Blue Hutchison Walters & Smith, P.A. Firm/Company 16215 Panama City Beach Parkway Address Panama City Beach, FL 32413 City/State and Zip Code breich@nalldev.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: rabeth J. Walters, Esq. Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certificate Copy Certificate Copy Certified Copy	
Enclosed is a chec	or the following amount:	
■ \$25.00 Filing	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy	f Status & py
	All INC ADDRESS. STREET/COURIED ADDRESS.	

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

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, enter	the name E8 12 AM 10: 5	1
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter	EB 12 AM	
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(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our records, enter		
(Mailing address MAY BE A POST OFFICE BO		5	
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Futer new mailing address if applicables			
(Principal office address MUST BE A STREET)	ADDRESS)		
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The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.I	C."
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:		
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:			
This amendment is submitted to amend the follow	ana.		
Florida document number L16000010398			
The Articles of Organization for this Limited Liab	oility Company were filed on January 14, 2016	and assi	gned
	Liability Company as it now appears on our records.) Florida Limited Liability Company)		

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>	Address	Type of Action
MBR	W. Mike Stange	11212 Front Beach Road	Add
		Panama City Beach, FL 32407	□ Remove
		·	Change
MBR	Paul R. Wohlford, III	11212 Front Beach Road	■ Add
		Panama City Beach, FL 32407	Remove
		****	☐ Change
MBR	Paul M. Whatley and Katherine N.	119 Euclid Avenue	Add
	Whatley, Jointly	Birmingham, AL 35213	Remove
			Change
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ective date, if other than the date of filing:(optional		0:
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing in the date inserted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records.	z.) Pürsuanı	to 605.02
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. he 90th day after the record is filed.	on the	earlier
ed February 11, 2016		
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Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00