

06/14/2017  
6/14/2017

12:00 PM PDT

TO: 18506176383 FROM: 5615448999

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Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : PADULA BENNARDO LEVINE, LLP  
Account Number : I20160000061  
Phone : (561)544-8988  
Fax Number : (561)544-8999

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ljc@pbl-law.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RNM PROPERTIES LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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17 JUN 14 AM 9:46

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Corporate Filing Menu

Help

S. WARREN

JUN 15 2017

06/14/2017 12:00 PM PDT

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RNM PROPERTIES 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 05/24/2016 and assigned  
Florida document number L16000101229.

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter 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

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FLORIDA

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**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ryan Longhurst	4554 Danson Way	<input type="checkbox"/> Add
		Delray Beach, FL 33445	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Marcus Corwin	601 Broken Sound Parkway N.W.	<input checked="" type="checkbox"/> Add
		Suite 404	<input type="checkbox"/> Remove
		Boca Raton, FL 33487	<input type="checkbox"/> Change
MGR	Michael J. Tice	682 Hastings Street	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

☐ Change  
☒ Add  
☐ Remove  
☐ Change

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

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(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) filing requirements, this date will not be listed as the effective date of the filing.

**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.

Dated June 5, 2017

Signature of a member or authorized representative of a member

Matthew Cloud

Typed or printed name of signee

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**Filing Fee: \$25.00**

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