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# **COVER LETTER**

TO: , Registration Section Division of Corpor		
SUBJECT:	R & 6 Proporties 3, LLC  Name of Limited Liability Company	
The enclosed Articles of Am	endment and fee(s) are submitted for filing.	
Please return all corresponde	nce concerning this matter to the following:	
	Robert Feldman Name of Person  Res Graperties 3, LLC Firm/Company  7 Bay Care Dr.  Address  Shalman, FL 3257  City/State and Zip Code  C-approach Care and	SECRETARY OF STATE OF OU
-	E-mail address: (to be used for future annual report notification)	
For further information conc	erning this matter, please call:	F 77
Robert 1	Feldman a1 (850) 598 064	45
Name of Pe	rson at (SSO) 598 064 Area Code Daytime Telepho	one Number
Enclosed is a check for the fo	ollowing amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	T\$60:00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

## 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

R& G Properties				
( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on/	15/17	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the design	nation "LLC" or the abbrev	riation "L.L.C."	_
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDRI	ESS)	<del></del>		_
Enter new mailing address, if applicable:			ALLAR 17 JAI	ISECRE
(Mailing address MAY BE A POST OFFICE BOX)			20 A SS	語
			25 (T)	
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		r records, enter the	name-or the	<u>: חפא</u> ריין ג "
Name of New Registered Agent:				
New Registered Office Address:				_
	Enter Florida s	street address		
	City	, Florida	7 in Code	_
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### 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>Address</u> <u>Name</u> 7 Bay Cove Dr. Shallmar FL DAdd MGR Robert P. Feldman □ Remove \_□ Change □ Add \_□ Remove ☐ Change □ Remove □ Add □ Remove \_□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ctive date, if other than the date of filing: (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	

Page 3 of 3

Filing Fee: \$25.00