(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

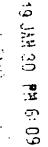




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COVER LETTER

Division of Corporations
SUBJECT: RT&T Property Management LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Randall Timothy Thomas JV. Name of Person
RT&T Property Marvagement LLC
609 N. Maryella Ave.
Panama City/State and Zip Code
Susan of homas 1950 A 1 cloud o Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Randall Timothy Thornas IV. at (150) 628-4332 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status S55.00 Filing Fee Scriffied Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Property RT&T N	MANAGEMENT LLC.
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Complete Florida document number 1.17000224	pany were filed on $\frac{4/30/2018}{729}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Property Manage The new name must be distinguishable and combin the words "Limited"	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRES.	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	9
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 = Mar AMBR = Aut	nager horized Member		Type of Action
<u>Title</u>	Name	Address	Type of Action
<u>11114</u>			🗆 Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
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			Change
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			Change
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			Add
			□ Remove
			Change

icetive date, if other than the date of filing:		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier file 90th day after the record is filed.		
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4.104		
ed Jan 28 . 2019.	ed <u>J</u> 4	N 28. 2019.
Regulated Tenth That A. Signature of a member or authorized representative of a member		• • • • • • • • • • • • • • • • • • • •

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00