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Division of Corporations

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Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN APG RLJ MANAGEMENT, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

APG RLJ MANAGEMENT,	LLC	
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our record mited Liability Company)	<u>ls.</u> )
	npany were filed on 12/26/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d 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:  APG RJL MANAGEMENT, LLC  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
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(Mailing address MAY BE A POST OFFICE BOX)		- <del> </del>
		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	58
****		orida
	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 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 Address Type of Action Title Name | \_□ Add ☐ Remove ☐ Change □ Add \_□ Add \_□ Remove \_ Change \_ 🗆 Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change

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<sub>ated</sub> January 3	2019		
Pated			
M	la to		
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s	ignature of a member or authorized represental	tive of a member	

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