

211000007498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

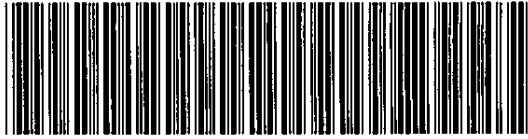
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 1 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TEX N MEX RTO VENTURES 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:

MARC EDELMAN
Name of Person

TEX N MEX RTO VENTURES LLC
Firm/Company

6608 ADAMO DRIVE
Address

TAMPA FL 33619
City/State and Zip Code

MARC@BUDDYRENTS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC EDELMAN at (813) 376-6335
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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**

TEX N MEX RTO VENTURES 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 JANUARY 20, 2011 and assigned Florida document number L11000007498.

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 end with 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)

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TALLAHASSEE, FLORIDA

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Terry Beville /	6608 Adamo Drive Tampa, FL 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Steve Mathis /	3310 Silver Pond Drive Plant City, FL 33566	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jim Duke /	4330 Strauss Road Plant City, FL 35635	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Joe Bob Ellis /	6709 86th Street Lubbock, TX 79424	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Darryl Franklin	2400 Roundup Hobbs, Nm 88240	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 26, 2014.



Signature of a member or authorized representative of a member

Marc Edelman

Typed or printed name of signee

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TALLAHASSEE, FLORIDA