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SECRE JARY U. SIAL TALLAHASSEE, FLORII



## **COVER LETTER**

TO: Registration Sec Division of Corp			•
SUBJECT: RogueTwo.	LLC		
SUBJECT: Mesicon No.	Name of Limi	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lehn E. Abrams	N (1)	
		Name of Person	
	Arnold, Matheny & Eagan	. P.A.	
		Firm/Company	
	605 E. Robinson Street. St	_ <del></del>	
		Address	
	Orlando, FL 32801		
		City/State and Zip Code	
	labrams@ameorl.com	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Lehn E. Abrams		at (407 ) 841-1550	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RogueTwo, LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our recor limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Co	empany were filed on	and assigned
Florida document number	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRI	<u> </u>	1023 JI
		JUL -5 AN AHASSEE FI
		SET OF THE
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		.5 10,0 10,0 10,0
3. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, <u>ente</u>	r the name of the new regis
New Registered Office Address:	Enter Florida street addre	ess
	17	Slovida
	, r	Florida 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Alice P. Van Westeberg	165 S. Union Blvd, #250	□Add
		Lakewood, CO 80228	■Remove
			☐ Change
MGR	JC Land WYCOFLA, LLC	165 W. Union Blvd, #250	■Add
		Lakewood, CO 80228	Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
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			□Remove
			□Change

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