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(Re	questor's Name)	
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J. SAULSBERRY EXAMINER MOV 19 2010

COVER LETTER

TO: Registration Division of C					
SUBJECT:	RoseVine	Enterprises LLC			
		ited Liability Company		•	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		Ann M Rosenberg			
		Name of Person			
		1810 West Inn LLC			
		Firm/Company			
		254 N Seymour Drive		20 721	
		Address		2010 NOV	A a mo
		Thomson, GA 30824		GQ 🎊 🗼	
		City/State and Zip Code		STEP P	i. Pro-
	E-mail address:	WilroseEnt@aol.com to be used for future annual report noti	fication)	PH 3	
For further information	concerning this matter, please	call:	·	<u>.</u>	
Aı	nn Rosenberg	at (706)	962-7700		
Name	of Person		ne 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	d) Certified C	of Status &	
MAII	LING ADDRESS:	STREET/COUR	IER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RoseVine Er	nterprises LLC	•	
(Name of the Limited Liability Come (A Florida Limited	pany as it now appea Liability Company)	rs on our records.)	•
The Articles of Organization for this Limited Liability Compar	ny were filed on	3/11/2003	and assigned
Florida document numberL0300009207			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Lir" "L.L.C."	nited Liability Comp	any," the designation "l	LLC," or the abbreviation
Enter new principal offices address, if applicable:			三三
(Principal office address MUST BE A STREET ADDRESS)			7
	<u> </u>		Call and Cal
Enter new mailing address, if applicable:	254 N Seymo	our Drive	္ ႏြင္း
(Mailing address MAY BE A POST OFFICE BOX)	Thomson, G	A 30824	$\mathcal{P} = \omega$
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter t	the name of the new
registered agent and/or the new registered office address ne	<u></u>		
Name of New Registered Agent:			
New Registered Office Address:	Fr.	ster Florida street add	
	EX		ress
	City	, 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 608, 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 Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AnnRose Enterprises LLC	1375 Gateway Blvd Boynton Beach, FL 33426-8304	Add ☐ Remove
MGRM	Finite Tools, Inc.	303 Perimeter Center, Ste. 300 Atlanta, GA 30346	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			2010 NOV 18 PH
Dated	November 9 , 20	110 . Carendara —	<u>පුරි</u> යු ව ලිසි <mark>ය</mark>
-	-	r or authorized representative of a member	
_		nn M Rosenberg or printed name of signee	,

Page 2 of 2

Filing Fee: \$25.00