04000014261

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C. LEWIS

APR 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Section Division of Corporations
SUBJECT: The Adam ROBINSON TEAM, CLC 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:
Adam Robinson Name of Person
The Adam ROBINSON Team, WC.
5039 Ocean Blvd.
SARASOTA FL. 34242 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Robinson at (941) 726 - 7649 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, 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

FILED

2010 APR -5 PM 4 30

The Adam Ko	bINSON Team.	LLC. SECRETARY OF STATE	
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on Limited Liability Company)	SECRETARY OF STATE OF STATE OF STATE	
The Articles of Organization for this Limited Liability Florida document number $\angle 04000014$	Company were filed on $\frac{2}{2}$		
	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADL</u>	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida Zip Code	
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>MG RM</u>	Adam ROBINSON	4838 Higel ST. SARASOTA, FL. 34242	Add Remove
MGR	ROBERT NORWINE	301 JOHN Ringling Bly SARASOTA, FL 34236	Add Remove
PRES	Adams, ROBINSON	4838 HIGEL ST. SARASOTA, FL. 34242	Add Remove
<u>PRES</u>	ERICL. ROBINSON	5039 Ocean Blvd. SARASOTA, FL. 34242	Add Remove
			Add Remove
	·		Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
_			201
Dated		norlle	2010 APR -5 P
	Signature of a member of A ROL Typed of	or authorized representative of a member MANVIIIE or printed name of signee	N W 30
		D 0 00	7

Page 2 of 2

Filing Fee: \$25.00