L04000033140

| | (Requestor's Name) |
|---------------------------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| · · · · · · · · · · · · · · · · · · · | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |

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EXAMINER

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COVER LETTER

| | _ | | | | | |
|---------------------------------------|--------------------------------------|---------------------------------|---|-------------------------------|---|---|
| TO: | Registration Sec Division of Corp | | | | | |
| SUBJ | ECT: | SLUSSER S | SALES TEAM LLC | | | |
| 2020 | | Name of Limit | ed Liability Company | | | |
| The e | nclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | e return all correspon | ndence concerning this matter | to the following: | | | |
| | | ! | (ATHY J. SLUSSER | | | |
| | | | Name of Person | | | |
| | | SLUS | SER SALES TEAM LL | C | . | |
| | | | Firm/Company | | AE (2009) | |
| | | 1775 SW | GATLIN BLVD., SUITE | E 102 | 2009 AUG -6 PM 3: 56 SECRETARY OF STATE FALLAHASSEE, FLORID | • |
| | | | Address | | -6 AR SSI | Ī |
| | | DORT | SAINT LUCIE, FL 349 | E2 | P | 1 |
| | | PORT | City/State and Zip Code | 33 | ် ပြုန် မြ | į |
| | | | vicki@rmrfl.com | | REALE SO | |
| | | E-mail address: (t | o be used for future annual report | notification) | P | |
| For fu | irther information co | oncerning this matter, please c | all: | | | |
| | KATH | Y J. SLUSSER | at (772) | 340-2700 | | |
| Name of Person | | Area Code & Da | ytime Telephone Number | | | |
| Enclo | sed is a check for the | e following amount: | | | | |
| | 5.00 Filing Fee | \$30.00 Filing Fee & | \$55.00 Filing Fee & | \$60.00 Filin | g Fee. | |
| | . | Certificate of Status | Certified Copy (additional copy is encl | Certificate osed) Certified C | of Status & | |
| | N# A FT T | NC ADDDESS. | CTDFFT/CO | URIER ADDRESS: | • | |
| MAILING ADDRESS: Registration Section | | Registration S | ection | | | |
| | Division P.O. Bo | n of Corporations ox 6327 | Division of Co Clifton Buildi | | | |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | <u>SALES TEAM LI</u> | | | |
|---|--|--------------------------|------------------------------------|--------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appe: nited Liability Company) | ars on our records.) | | |
| The Articles of Organization for this Limited Liability Com Florida document numberL0400033140 | npany were filed on | APRIL 30, 200 | 4 and assig | ned |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | d liability company he | ere: | | |
| The new name must be distinguishable and end with the words "L.L.C." | "Limited Liability Comp | pany," the designation | | oreviation |
| Enter new principal offices address, if applicable: | | | AUG AHA | |
| (Principal office address MUST BE A STREET ADDRES | SS) | | ARY L | |
| Enter new mailing address, if applicable: | | | PM 3: 56 OF STATE E. FLORIDA | 0 |
| (Mailing address MAY BE A POST OFFICE BOX) | ··· | | | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office addres | | our records, <u>ente</u> | r the name of | the new |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | E | nter Florida street a | ddress | |
| | | , 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 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 = Ma MGRM = M | nager Ianaging Member | | |
|----------------------|---|---|-----------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | ···· | Z@g*u6-6 Z@g*u6-6 TALLAHASS |
| | | | SEE: FLORIDA |
| | | | Remove Add Remove |
| | ding any other information, ian Slusser added as M | enter change(s) here: (Attach additional sheets, if ne | |
| | | | |
| Dated | August 4 | | , |
| | Signatur | e of a member of authorized representative of a member KATHY J. SLUSSER Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00