## L04000075108

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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T. HAMPTON

NOV 17 2009

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co		•			
ct in tt	ecom.	ROGERS A	PARTMENTS, LLC			
SUBJE			ted Liability Company	·		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
			Kenneth Grossman			
			Name of Person			
			Firm/Company			
	3703 West San Luis Street					
			Address			
Tampa, Fl. 33629 City/State and Zip Code						
	kgrossman10@msn.com  E-mail address: (to be used for future annual report notification)					
For fur	ther information	concerning this matter, please o	•	,		
···		neth Grossman		493-2656		
	Name (	of Person	Area Code & Day	time Telephone Number		
Enclos	ed is a check for	the following amount:				
<b>√</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	\$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

(Name of the Limited		RTMENTS, LL ny as it now appear Liability Company)		<u></u>		
The Articles of Organization for this Limited I Florida document number		were filed on	10/15/2004	and assigned		
This amendment is submitted to amend the fol	lowing:	ø.				
A. If amending name, enter the new name of	f the limited liab	ility company her	<u>e</u> :			
The new name must be distinguishable and end w "L.L.C."	th the words "Limi	ited Liability Compar	ny," the designation "I	LLC" or the abbreviation		
Enter new principal offices address, if appli-	3703 West Sa	an Luis Street	09			
(Principal office address MUST BE A STREET ADDRESS)		Tampa, Fl. 33	8629	NON		
Enter new mailing address, if applicable:		3703 West Sa	n Luis Street			
(Mailing address MAY BE A POST OFFICE	BOX)	Tampa, Fl. 33	3629			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	ur records, <u>enter</u> (	the name of the new		
New Registered Office Address:	3703 West San Luis Street					
VIAIL STEPRILLAND PARTY LANGUAGO.	ATEN AVERNINA VALLA LEMANOS.			Enter Florida street address		
		Tampa	, Florida	33629		

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

MGKM ∓ N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kenneth Grossman	3703 West San Luis Street	[☑] Add
		Tampa, Fl. 33629	Remove
		Tampa, Et. 33029	<del></del>
			Add
	<del></del>		Remove
		•	Add
			Remove
			∏Add
			Remove
			∏Add
	·		Remove
			<del></del>
			Add
······································			Remove
D. If amend	ding any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	y.)
			•
			SEC 91VISI 09
		-/	SECRETO OP NOV
			<b>6</b> 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			ORPE OR PE
Dated	November 6	2009	STATE STATE ORATIO
		204-	XS.
	Signature of a me	ember or authorized representative of a member	<del></del>
	orginated of a fire	Kenneth Grossman	
	- т	yped or printed name of signee	<del> </del>

Page 2 of 2

Filing Fee: \$25.00