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SECRETARY OF SIALE DIVISION OF CORPORATIONS

T. HAMPTON

JUL 2 8 2010

EXAMINER

COVER LETTER

Division of Corp	
SUBJECT:	Rottway LLC
	Rottway LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Ling Bolivar Name of Person
	Firm/Company
	18246 Collins Ave.
	Sunny Isles, FL 33160 City/State and Zip Code
	Falpern @ brokermiani.com E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Linc	Person at (305) 491-16626 Area Code & Daytime Telephone Number
Name of	Person Area Code & Daytime Telephone Number
Enclosed is a check for the	
∑ \$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	(wanting ask)

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

Kottwa	y LLC		
(<u>Name of the Limited Liabili</u> (A Florida	Ky Company as it now appears on our real Limited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability	Company were filed on2/15/2	005 and assigned	
Florida document number <u>LO50001538</u>		SECR VISION 10 JI	
This amendment is submitted to amend the following:		FILE ETARY VOF CO JL 22	
A. If amending name, enter the new name of the lin	nited liability company here:	PH E:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the des	ignation "LLC" or the abbre fation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	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		ls, enter the name of the new	
Name of New Registered Agent:		·	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		
	Enter Florida street address		
		Torida	
	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>	<u>Name</u>	Address	Type of Action
MGRM	Gleizer, Susar	na D. 18246 Collins Ave. Sunny Isles, Fl	Add 33160 SRemove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If an	nending any other informat	tion, enter change(s) here: (Attach additional shee	ets, if necessary.)
, :			SECRETARY DIVISION OF CO
Dated	7/19	. 2010	2 PH 1: 18
	Sign	Typed or printed name of signee	ember

Page 2 of 2

Filing Fee: \$25.00