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M. THOMAS

APR - 2 2009

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: WINDH	ORSE ASSOCIATE		0
	(Name of Lim	nited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MICHAEL AVERBUCH		
		(Name of Person)	
RHODES CAPITAL PARTNERS, LLC			
(Firm/Company)			
	8437 TUTTLE AVE #407	7	
(Address)			
SARASOTA, FL 34243			SE SE
		(City/State and Zip Code)	AR PR
For further information co	oncerning this matter, please c	call:	09 APR -1 AM IO: 14 SECRETARY OF STATE TALL AHASSEE. FLORID
MICHAEL AVERBUCH		at (941 ₎ 822-6949	FST
(Name o	f Person)	(Area Code & Daytime Telephone Number	
Enclosed is a check for th	e following amount:		
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &

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

ame of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{1}$ Florida document number L06000003719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" "L.L.C." 6166 Erice Rd Enter new principal offices address, if applicable: Venice, FL 34293 (Principal office address MUST BE A STREET ADDRESS) 6166 Erice Rd Enter new mailing address, if applicable: Venice, FL 34293 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

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 Title Address Type of Action Name MGRM Rhodes Capital Partners, LLC 8437 Tuttle Ave #407 ■ Add Remove Sarasota, FL 34243 Martin E. Miller MGRM 6166 Erice St **∓** Ø Add Venice, FL 34293 Remove Add 🗖 Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Michael Averbuch, Manager of Rhodes Cap Prtnrs, LLC Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00