

LO6 000058744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

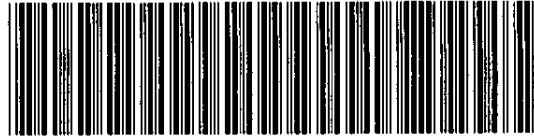
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

MAY 16 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R2, LLC
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:

Beth Dilley

Name of Person

Ascendia Real Estate

Firm/Company

5127 Ocean Blvd

Address

Sarasota, FL 34242

City/State and Zip Code

beth@ascendiarealestate.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Dilley

Name of Person

at (941)

400-1322

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,
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

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TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

R2, LLC

(Name 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 6/8/2006 and assigned
Florida document number L06000058744

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Ascendia Group, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

5127 Ocean Blvd

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34242

Enter new mailing address, if applicable:

5127 Ocean Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota FL 34242

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TALLAHASSEE, FLORIDA

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:

5127 Ocean Blvd

Enter Florida street address

Sarasota

Florida

34242

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

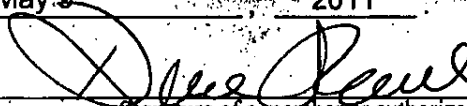
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated May 9 2011



Signature of a member or authorized representative of a member

David Shepard

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

May 9, 2011

Dear Sir/Madam:

I am enclosing two amendments to domestic limited liability companies owned by the same individual. It is important that these amendments are processed in a specific order because one amendment requires the release of a name presently owned by the other.

First, please process the amendment for Ascendia Group, LLC, changing its name to Ascendia Insurance Services, LLC.

Second, please process the amendment for R2, LLC, changing its name to Ascendia Group, LLC.

Thank you,

Beth Dilley

Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED