L07000112843

î	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
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FILED PH 2: 02
2009 MAY 27 PH 2: 02
SECRETARY OF STATE
AREA ASSEE, FLORIDA

C. LEWIS

MAY 1 2 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: KESONCE CROUP OF DRIANDO, LIC 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:
Name of Person Resource Group of Florida, LLC Firm/Company 1643 Lakemont Ave. Address Oplande, FL 3284 City/State and Zip Code
For further information concerning this matter, please call:
Mame of Person at (407, 967-8569) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$55.00 Filing Fee & \text{Certified Copy} \\ \text{(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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2009

JOSEPH ODDO RESOURCE GROUP OF FLORIDA, LLC 1643 LAKEMONT AVE. ORLANDO, FL 32814

SUBJECT: RESOURCE GROUP OF ORLANDO, LLC

Ref. Number: L07000112843

We have received your document for RESOURCE GROUP OF ORLANDO, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 609A00016182

ARTICLES OF AMENDMENT TO

FILED

ARTICLES OF ORGANIZATION **OF**

2009 MAY 27 PM 2: 02

ECRETARY OF STATE (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 Florida document number

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab Roup of Fa	LORICLANUS A I. LLC
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	4767 New Broad Street Oplando, FL 328/4
(Principal office address MUST BE A STREET ADDRESS)	Oplando, FL 328/4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1643 Lake mont Ave. ORLando, FL 32814
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the new

w registered agent and/or the new registered office address here:

	City	, Florida Zip Code
		F1 41
New Registered Office Address:	Enter Florida street address	
V B 1 1000 411		
Name of New Registered Agent:		

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

<u>Citle</u> '	Name	Address	Type of Action
			Add Remove
			
			Add Remove
<u>.</u>			Add Remove
			Add Remove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necess	ary.)
<u>-</u>			TASECT TO SECOND
Dated X	5-1-09		MAY 27 PH 2: 02 CRETARSEE. FLORID
	Signature of a men	mber or authorized representative of a member	TATE OR IDA

Page 2 of 2

Filing Fee: \$25.00