LO80000139-14

(Fe	Requestor's Name)		
(A	Address)		
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EXAMINER

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SECRETARY OF STATE
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COVER LETTER

	tion Sect of Corpo			
SUBJECT:	RO	SSMAN ASSOCIA	ATION MANAGEMEN	T, LLC
SCENECT:			ted Liability Company	
The enclosed Arti	icles of Aı	mendment and fee(s) are sub	omitted for filing.	
Please return all c	correspond	lence concerning this matter	to the following:	
			Dennis Rossman	
			Name of Person	
		Ross	sman Realty Group, Inc.	
			Firm/Company	
		110	4 SE 46th Lane, Suite 2	
		· · · · · · · · · · · · · · · · · · ·	Address	<u> </u>
			Cong Corol El 22004	
			Cape Coral, FL 33904 City/State and Zip Code	······
		denr	nis@rossmanrealty.com to be used for future annual report no	
		E-mail address: (t	to be used for future annual report no	stification)
For further inform	nation con	cerning this matter, please c	all:	
	Julie	e Gorman	at (_239_)	443-1318
	Name of P	erson		ime Telephone Number
Enclosed is a chec	ck 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)
			·	
~	Registration P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle

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

ROSSMAN ASSOCIATION MANAGEMENT, 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 vi Florida document numberL08000013214	were filed on	2/6/08	and assigne	d
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company,"	the designation "L	LC" or the abbre	viation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address here		records, <u>enter t</u>	he name of th	e new
Name of New Registered Agent:		. ALL AH	SECRE	1
New Registered Office Address:		AS	A	<u>-</u>
	Enter F	lorida street ad t Florida 🍱	유 교	1
	City		Zip Code	ナ ー :
New Registered Agent's Signature, if changing Registered Agent:			m 0	

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
VP	Michelle Rossman	1207 NW 18th Street Cape Coral, FL 33993	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)	
_			
_			_
Dated	March 4	2011	
	Signature of a mé	mber or authorized representative of a member	. <u>.</u>
	T	Dennis L. Rossman yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00