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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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L. SELLERS			
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EXAMINER			

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03/24/11--01035--008 **25.00

SECRETARY OF STATE FALLAHASSEE, FLORIDA

FILED

COVER LETTER

то:	Registration Section Division of Corpor			,
SUBJE	ст: <u>The</u>	Rolque Gr Name of Limit	coup LLC ed Liability Company	
The end	closed Articles of Am	endment and fee(s) are subi	nitted for filing.	
Please r	eturn all corresponde	ence concerning this matter t	to the following:	
	-	Rober	+ Paul Name of Person	
	-		9us Group, LLC	
	-	4025 Ca	Hemen Rd, Sc Address	ule 162
	-	Sarasota	FL 34 233)
	_	R Paul E-mail address: (to	City/State and Zip Code One ROLAUR. COM Die used for future annual report notificat	ion)
For furt	her information conc	erning this matter, please ca	ıll;	
	Robert	Paul	at (<u>94/)</u> 3/2 - //2 Area Code & Daytime T	>8
	Name of Per	rson	Årea Code & Daytime T	elephone Number
Enclose	d is a check for the fo	ollowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Group, LLC
(Name of the Limited Liability (A Florida l	(Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on $07/08/3008$ and assigned
Florida document number <u>L 0 8 0 0 0 6 5 9</u>	· · · · · ·
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:
The new name must be distinguishable and end with the wor 'L.L.C."	rds "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add	tered office address on our records, enter the name of the new
egistered agent under the new registered office add	ALE 3
Name of New Registered Agent:	LCR T
New Registered Office Address:	TAR ASS
	Enter Florida street addres
	City Florida

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.

New Registered Agent's Signature, if changing Registered Agent:

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> Name **Address Type of Action** MGR Lausen Paul Remove ☐ Add Remove ☐ Add Remove Add Remove \square 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00