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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JUN 1 5 2009

EXAMINER

COVER LETTER

TO:	Registration So Division of Con					
SUBJI	RCT:	ROBER	RT GALT, LLC			
SCDU			ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
	ROBERT B. GALT III Name of Person					
ROBERT B. GALT III, P.L.						
	80 SW 8TH STREET, SUITE 2150					
			Address			
		N	11AMI, FL 33130-3013 City/State and Zip Code	•		
		rga	alt@adamsquinton.com to be used for future annual report	antification)		
For fu	rther information of	e-man address: (ionneanon)		
		pert B. Galt III	at (305)	321-0292		
	Name o	of Person .	Area Code & Da	ytime Telephone Number		
Enclos	sed is a check for t	he following amount:	·			
\$25	5.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations dox 6327 assee, FL 32314	Registration So Division of Co Clifton Buildir	rporations ig e Center Circle		

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

(Name of the Limited)	ROBERT G Liability Compai Florida Limited L	SALT, LLC ny as it now appears on our liability Company)	records.)			
The Articles of Organization for this Limited Lia Florida document numberL09000044		were filed onMAY	06, 2009	and assi	igned	
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
R	OBERT B. G	ALT III, P.L.				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company," the	designation "l			
Enter new principal offices address, if applica	ble:	80 SW 8TH STREE	Т .	99	DIVIS	
(Principal office address MUST BE A STREE)		SUITE 2150			92E	
		MIAMI, FL 33130-30	013	12	무료가	
Enter new mailing address, if applicable:		80 SW 8TH STREE	T	P# 3	ORPORA	
(Mailing address MAY BE A POST OFFICE E	SUITE 2150			<u>Ş</u> M		
muning dualess may be a rost of rice boxy		MIAMI, FL 33130-30	013		- th	
B. If amending the registered agent and/o registered agent and/or the new registered off			ords, <u>enter</u>	the name o	f the new	
Name of New Registered Agent:	ROBERT B	GALT III				
New Registered Office Address:	New Registered Office Address: 80 SW 8TH STREET, SUITE 2150					
	Enter Flori	ida street add	dress			
		MIAMI	, Florida	33130-3		
		City		Zip Code	•	
New Registered Agent's Signature if changing R	egistered 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
(SAME REGISTERED AGENT - NAME & ZIP CODE MODIFICATION ONLY)

Page 1 of 2

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

(SAME MANAGING MEMBER - NAME & ZIP CODE MODIFICATION ONLY)

Title `	<u>Name</u>	Address	Type of Action
MGRM	ROBERT B. GALT	80 SW 8TH STREET, SUITE 2150 MIAMI, FL 33131-3013	Add Remove
<u>MGRM</u>	ROBERT B. GALT III	80 SW 8TH STREET, SUITE 2150 MIAMI, FL 33130-3013	Add
			Add Remove
			Add Remove
			Add Remove
	<u> </u>		Add Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	
- -	The purpose for which this Lin	nited Liability Company is organized is:	SECRETARY DIVISION OF C OP JUN 12
_			YOF STATE CORPORATION 21
Dated		Chertla Garas	
	•	nber or authorized representative of a member	
		ned or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00