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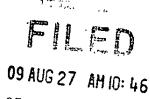
COVER LETTER

Division of Co					
SUBJECT:	Roadside	Enterprises, LLC			
SCHOLET.		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
		Robert Selph			
		Name of Person			
	Firm/Company				
	1718 NE 28th PI				
		Address			
		Ocala, FL 34470			
	City/State and Zip Code				
	E-mail address: (rselph@cox.net to be used for future annual report notifical	tion)		
For further information	concerning this matter, please of	eall:			
	Robert Selph	at (352) 86 Area Code & Daytime T	67-1315		
Name	of Person	Area Code & Daytime T	elephone 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)		
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ROADSIDE ENTERPRISES, LLC

SECRETARY UF STATE TALLAHASSEE FLORIDA

(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	6/11/2009	and assigned
Florida document numberL0900056620			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applicable:	2681 NE 35t	h St	
(Principal office address MUST BE A STREET ADDRESS)	Suite 75		
	Ocala, FL 34	479	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, enter t	the name of the new
Name of New Registered Agent:			,
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
.,			Add Remove
			Add Remove
			AddRemove
	•		
			Add Remove
			Add Remove
D. If amer	nding any other information	, enter change(s) here: (Attach additional sheets,	SECRETARY OF STATE AHASSEE FLORIDE
Dated	Aug. 25		
		losse	
	Signatu	re of a member or authorized representative of a memb	per
		Robert Selph Typed or printed name of signee	
		Typed of printed fiame of signee	

Page 2 of 2

Filing Fee: \$25.00