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SECRETARY OF STATE

.

M. THOMAS
OCT 3 0 2009
EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:				
		thwest Florida LLC		
	f Amendment and fee(s) are sulcondence concerning this matter	_		
		Dennis Rossman Name of Person		
		2		
		Address		75 E T
	CAPE CORAL FL 33904			
City/State and Zip Code				弱的们
Dennis@rossmanRealty.com E-mail address: (to be used for future annual report notification)				SEE PH.
For further information	concerning this matter, please of	•	.ca.iion)	TALLAHASSEE, FLORID
Der	nnis Rossman	at (239)	542-2084	y
	of Person		e Telephone 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	l) Certified (e of Status &

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

MDE of Southwe					
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea Jiability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL0900071282	were filed on	7/23/2009	and assigne	d	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company he	r <u>e</u> :			
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	any," the designation "l	LC" or the abbre	viation	
Enter new principal offices address, if applicable:	1104 SE 46th Lane				
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral FL 33904				
	1104 SE 464				
Enter new mailing address, if applicable:	1104 SE 46th Lane Cape Coral FL 33904				
(Mailing address MAY BE A POST OFFICE BOX)	Cape Cural FL 33504				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>enter t</u>	AMP OCT 29 PH		
New Registered Office Address:	En	ter Florida street add			
		. Florida	ATE ARE		
	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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	Entrust Freedom LLC IFBO Michael Case IRA#61090TR	17570 North Tamiami Trai North Fortmyers FL 33803	Add Remove
			Add Remove
			Add Remove
	\$		Add Remove
		•	Add Remove
			Add Remove
D. If amer	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary)	
- -			ED PM 12: 20
Dated	10/22/2009,		
	Dennis R	or authorized representative of a member Michge	are Case
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00