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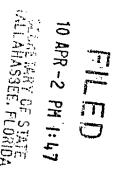
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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D. BRUCE

APR. 5 2010

EXAMINER -

## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	огрогация				
SUBJECT:		HE AVENUE, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.			•
Please return all corresp	condence concerning this matter	r to the following:			
		IAN C. ROOT			
		Name of Person			
		RSLR, LLC			
		Firm/Company			
		262 EAST FORK ROAD Address			
		HAILEY, ID 83333		IO APR	
	City/State and Zip Code				1
	ICF	R@STRIKEMARK.COM	Л	- 285. X×X ✓	Element Element
	E-mail address: (	to be used for future annual report	rt notification)	F 22	
For further information	concerning this matter, please of	call:		J: 47 STATE LORID	
	IAN ROOT	at ( 508 )	333-1530	<b>3</b> (1)	
Name	of Person	Area Code & I	Daytime Telephone Number	r	
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 en-	closed) Certified	nte of Status &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division of C Clifton Build	Corporations ding ive Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALO	NG THE A	VENUE, LLC				
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appear ability Company)	s on our records.	1		
The Articles of Organization for this Limited Liab	09/03/2009	and assigned				
Florida document numberL09000857	<u>'18                                    </u>					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liabi	lity company hero	⊼. 5.			
	RSLR, L	LC				
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compar	ny," the designation	n "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		2550 N. FEDERAL HWY				
(Principal office address MUST BE A STREET ADDRESS)		10	<u> </u>			
		FORT LAUDE	ERDALE, FL 3	3305 US		
				0 A		
Enter new mailing address, if applicable:		2550 N. FEDE	RAL HWY	R 77		
(Mailing address MAY BE A POST OFFICE BOX)		10		No.		
		FORT LAUDE	RDALE, FL 3	3305 US⊋ [T]		
				Se - D		
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off ce address here	ice address on o	ur records, <u>ent</u>	er the name of the new		
Name of New Registered Agent:			<del></del>			
New Registered Office Address:	2550 N. FEDERAL HWY, 10					
		Ent	er Florida street	address		
	FORT	ORT LAUDERDALE, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title **Address Type of Action** Name JOHN W. SAUNDERS MGRM 2550 N. FEDERAL HWY **✓** Add Remove FORT LAUDERDALE, FL 33305 US 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.) MARCH 26 2010 Dated \_\_ Signature of a member or authorized representative of a member IAN ROOT Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00