LD9000094783

| (Requestor's Name) | | |
|---|------------------|-------------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Document Number) | | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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| <u> </u> | | |
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Office Use Only



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2010 JAN -5 PH 1: 46
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

C. LEWIS In, し, 2009 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2009

ALLISON HANSLIK ROSEBRIAR REAL ESTATE, LLC 1616 S. VOSS RD., STE. 450 HOUSTON, TX 77057

SUBJECT: ROSEBRIAR REAL ESTATE, LLC

Ref. Number: L09000094783

We have received your document for ROSEBRIAR REAL ESTATE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Letter Number: 509A00038670

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|---|--|--|
| SUBJECT: | ROSEBRIAR | REAL ESTATE, LLC | | |
| 30B3EC1. | | ted Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corre | espondence concerning this matter | to the following: | | |
| | | ALLISON HANSLIK | | |
| | | Name of Person | | |
| | ROSEBRIAR REAL ESTATE, LLC | | | |
| | | Firm/Company | | |
| | 161 | 1616 S VOSS SUITE 450 | | |
| | Address | | | |
| | ш | OUSTON, TX 77057 | | |
| | | City/State and Zip Code | | |
| | | SON@XIPHIASFIN.COM | | |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information | on concerning this matter, please of | eall: | | |
| AL | LISON HANSLIK | at (713) | 982-8555 | |
| | ne of Person | | ne Telephone Number | |
| Enclosed is a check for | or the following amount: | | | |
| \$25.00 Filing Fee | | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Reg Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | STREET/COUR Registration Section Division of Corpor Clifton Building 2661 Executive C Tallahassee, FL 3 | on rations enter Circle | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2010 JAN-5 PM 16 46

| ROSEBRIAR RI | EAL ESTATE, LLC |
|---|--|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) |
| The Articles of Organization for this Limited Liability Compa | any were filed on OCTOBER 1, 2009 and assigned |
| Florida document number L09000094783 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited li | ability company here: |
| The new name must be distinguishable and end with the words "L.L.C." | imited Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 1220 POST RD., 2ND FL. |
| (Principal office address MUST BE A STREET ADDRESS) | DARIEN, CT. 06820 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | office address on our records, enter the name of the new |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | |
| | , 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 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> <u>Name</u> **Address Type of Action** TRAVIS PAULEY MGR 1220 POST RD., 2ND FLOOR **✓** Add DARIEN CT 06820 Remove JACK FIELD MGR 1220 POST RD., 2ND FLOOR ☐ Add ✓ Remove DARIEN CT 06820.... Remove ∏ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated or authorized representative of a member Typed or printed name of signee Page 2 of 2 Filing Fee: \$25.00