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T. CLINE
NOV 24 2010
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	The Ro				
	Name of Lim	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Joshu	R Bundele Name of Person	·.		
	The Ro	ad Ahead LLC			
		r#m/Company			
	235 42.	d Ave.			
		Address		702 72	
	St. Pete	Beach, FL 337	706	AUCARA	6-2 2
	j bondele	Beach, FL 337 City/State and Lip Code @ Mmoil - Com to be used for future annual report notifical	tion)	23 M	130,000
For further information co	ncerning this matter, please o			# T	g w weg i 1 Pr
				9	
Marianne	L Kern, CPA	at (737) 864-23 Area Code & Daytime T	L+6 Selenbone Number	·	
Name of	r Gradu	And Code at Dayman 1	onephoto Humon		
Enclosed is a check for the	following amount:				
▼ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing		
CK# 1105	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified C	of Status & Copy copy is enclosed	i)

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

The	Road A	Nhead, LLC				
(Name of the Limited Liabil (A Florid	ity Compa ia Limited I	ny as it now appe Liability Company	ears on our r	cords.)		•
The Articles of Organization for this Limited Liability	/ Company	were filed on	January	6, 2010 a	nd assign	red
Florida document numberL100000528						
Torida document names.						
This amendment is submitted to amend the following:	:			•		
A. If amending name, enter the new name of the li	mited liab	oility company h	ere:			
The new name must be distinguishable and end with the w "L.L.C."	vords "Limi	ited Liability Con	pany," the de	signation "LLC" o	r the abb	reviatio
Enter new principal offices address, if applicable:	÷	NA				
(Principal office address MUST BE A STREET ADL	DRESS)	·			~ :	
				E CO	685.4 3274	
				37	ÅG₩	** #**
Enter new mailing address, if applicable:		NA			<u>~</u>	4 44 4 14
(Mailing address MAY BE A POST OFFICE BOX)				A See		grenyser.
				Zo	\$ \$	Stereo.
				<u> 20</u>	(C) MK	* North
B. If amending the registered agent and/or registered agent and/or the new registered office ad			our record	s, enter the na	me of t	he nev
Name of New Registered Agent:	To Shi	ua R.	Bond	iele.		
New Registered Office Address: 2	35	42 nd A	tre			
		1	Enter Florida	street address		
S+	-Pete	e Beach	`	Torida L Zip	33	106
= = = = = = = = = = = = = = = = = = = =		City		Ztp	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 Clanging 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 = Manager

MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u> 42nd Ave Joshua Bondele MGR Add Remove] Add ☐ Remove ☐ Add □ Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 15th, 2010. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00