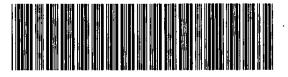
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## **COVER LETTER**

	ration Secti on of Corpo					
	I ROBINSO	N, LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Ar	rticles of An	nendment and fee(s) are sub	mitted for filing.			
Please return all	correspond	ence concerning this matter	to the following:			
		Paul T. Nesper, Esq.				
			Name of Person			
		Nesper, Ferber, DiGiacom	o, Johnson & Grimm, LLP			
		**************************************	Firm/Company			
		501 John James Audubon	Parkway, Suite 300			
			Address			
		Amherst, New York 14228	3			
			City/State and Zip Code			
	!	pnesper@nfdlaw.com			<b>=</b>	
		E-mail address: (	to be used for future annual report notific	cation)	2018	
For further infor	mation conc	cerning this matter, please ca	all:		2016 FEB 21 SECRETARY ALLAHASSI	T
Paul T. Nesper,	Esq.		716 688-3800 at ()		) 26 838	71000
	Name of Pe	erson	Area Code Daytime	Telephone Number	A P	
Enclosed is a che	eck for the f	following amount:			OL DA	
<b>■</b> \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, 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

KJ ROBINSON, LLC			
(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)		<del></del>
The Articles of Organization for this Limited Liability Company were filed on Februar	ry 2, 2010		and assigned
Florida document number L10000012212			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
ROBINSON RIDGE, LLC			
The new name must be distinguishable and contain the words "Limited Liability Company," the design	nation "LLC" o	or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida st	treet address	SECRETARY OF 3	
City New Registered Agent's Signature, if changing Registered Agent:		NO Z	ip Code

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 605, 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

H amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar	nager chorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			 🗆 Add
			 ☐ Remove
			 ☐ Change
			□ Add

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Typed or printed name of signee

Filing Fee: \$25.00