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SECRETARY OF STATE
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T. CLINE

MAR 1 5 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ROADLINE LLC.	
Name of Limited Liabilit	y Company
The enclosed Articles of Amendment and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the following	owing:
CARLOS	Rom AGOSA e of Person
Namo	of Person
ROADLIN	ELLC.
Firm	Company
1098 NE	99 Street
A	ddress ARE
Miami Sho	and Zip Code
Charlie 1646	99 Street  ddress  res, FLORIDA 3  and Zip Code  1 D Bell South, net Six 2  or future annual report notification)  954  Area Code & Daytime Telephone Number
For further information concerning this matter, please call:	r future annual report notification)
of the second morning and matter, prease can.	
CARLOS ROMAGOSA at (	454, 8175712
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee & S55.0 Certificate of Status	00 Filing Fee & S60.00 Filing Fee, tified Copy ditional copy is enclosed)  \$ Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:

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

ROADLINE	LLC.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on or liability Company)	ır records.)
The Articles of Organization for this Limited Liability Company Florida document number	21.	26/10 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	Interior Sol	utions Group LLC
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7, 2
(Principal office address MUST BE A STREET ADDRESS)		SECO DI
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		MR 12 PM 2: 13 AR 12 PM 2: 13 AR ASSEE, FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		cords, enter the name of the new
Name of New Registered Agent:	<u>/</u>	
New Registered Office Address:	Enter Flo	rida street address
	2.00.110	
<del></del>	Citv	, Florida 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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			Kemove
			Add ☐ Remove
			Add Remove
			Add Remove
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Filing Fee: \$25.00