## 1100000069817

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	)
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Special Instructions to Fi	11: OK!	

A. LUNT

AUG 25 2010

EXAMINER

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## **COVER LETTER**

TO: Registration 9 Division of Co				
SUBJECT:	ROLAN	ND DENK LLC		
301A/2C1.	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sut	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Herbert Putz		
		Name of Person	<del></del>	
		Firm/Company	A STATE OF THE STA	
	1120	Homestead Rd Suite	100	
		Address	Prop ma	
	Le	city/State and Zip Code	AUG 23	**
	E-mail address: (	to be used for future annual repo	ort notification)	1. 4. 5.
For further information	concerning this matter, please of	call:	デ	i N
	Herbert Putz	at (_239_)	3031616	
Name	or reison	Alea Code & I	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section	STREET/C Registration	COURIER ADDRESS:	
Divis P.O. I	ion of Corporations Box 6327 nassee, FL 32314	Division of C Clifton Build	Corporations	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ro	land Denk LLC			_	
(Name of the Limited Liabili (A Florida	ty Company as it now apper Limited Liability Company	ars on our records.)		_	
<b>(</b> )					
The Articles of Organization for this Limited Liability	Company were filed on	June 30, 2010	and	i assigno	ed
Florida document numberL10000069817	<del>.</del>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	nited liability company h	ere:			
The new name must be distinguishable and end with the w	ords "Limited Liability Com	pany," the designation "	LLC" or	the abbr	eviation
"L.L.C."					
Enter new principal offices address, if applicable:			<u> </u>	20	
(Principal office address MUST BE A STREET ADD	RESS)	· · · · · · · · · · · · · · · · · · ·		7G)	****
			to a	<u> </u>	eerintimise F
	***************************************		出兴	$-\omega$	7
Enter new mailing address, if applicable:			رب ند ربه ورن	PH	
(Mailing address MAY BE A POST OFFICE BOX)			20 Z-	<u></u>	
			Ş. P.	64	<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter	the nan	ne of t	<u>be new</u>
Name of New Registered Agent:				<u> </u>	
New Registered Office Address:				<del></del>	
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2



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> </u>	<u>Name</u>	Address	Type of Action
MGR	Herbert Putz	1120 Homestead Rd Lehigh Acres. FL 33936	Add  Remove
MGRM	Roland Denk	1120 Homestead Rd Lehigh Acres EL 33936	Add ☐ Remove
<del></del>	ANGELON AND ANGELON AN		Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
	<del></del>		Add Remaye
<del></del>			Padd Romeve
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary	) 第一 5
Dated	August 18	Möbelwerkstätt  2010 Roland Denk GmbH.  A - 4770 Andorf, Basling 11  Tel.: 0776871034/ Fax: DW/15 e-mail: tischigraj.denk@agn.at	
	Signature of a	member or authorized representative of a member  DENK OLAM  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

