#11000032202

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COVER LETTER

TO: Registration Section **Division of Corporations**

Adverse, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joshua A. Cossey, Esq.

Name of Person

Sentinel Law, P.A.

Firm/Company

1710 Shadowood Ln, Ste 210

Address

Jacksonville, FL 32207

City/State and Zip Code

icossey@sentinelfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Robilotta

 $at \, (\underbrace{ 904 \,) \, 982\text{--}3927}_{\text{Area Code \& Daytime Telephone Number}}$

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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**



Adverse, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number <u>L11000032202</u>	were filed on 3-16-11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	111 E. Bay St.,
(Principal office address MUST BE A STREET ADDRESS)	Suite 201
	Jacksonville, FL
Enter new mailing address, if applicable:	111 E. Bay St.,
(Mailing address MAY BE A POST OFFICE BOX)	Suite 201
	Jacksonville, FL
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> <u>e</u> :
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>	<u>Address</u>	Type of Action
MGR	Adam Boulware	111 East Bay Street	Add
		Suite 201	Remove
		Jacksonville, FL 32202	
MGRM	Sam Robilotta	10135 Gate Parkway N	Add
•		No. 1209	Remove
		Jacksonville, FL 32246	<u> </u>
			Add
•			Remove
	·		Add
			Remove
•			_
			Add
			Remove
			_
			Add
			Remove

If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if necessary.)
,	
_{ted} December	2012
_	h 1600
Sig	gnature of a member or authorized representative of a member
	Sam Robilotta
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00