## L:11000053914

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## **COVER LETTER**

TO:	Registration Sec Division of Corp				
613D #		OR SALE LLC			
SUBJE	:C1:	Name of Lim	ited Liability Company		
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		TONYA SEAY			
		-	Name of Person		
		STRATEGIC SUCCESS F	BUILDERS, LLC		
Firm/Company					
		6516 CAMDEN BAY DR.	,#202		
			Address		
		TAMPA, FLORIDA 3363.	5		
			City/State and Zip Code		
TONYA@STRATEGICSUCCESSBUILDERS.COM					
		E-mail address: ()	to be used for future annual report notific	cation)	
For furt	ther information co	oncerning this matter, please ca	all:		
TONY	A SEAY		813 486-9843		
Name of Person			Area Code Daytime	Felephone Number	
Enclose	ed is a check for th	e following amount:			
<b>■</b> \$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

ROUTES FOR SALE LLC

ROUTES FOR SALE LLC	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number L11000053914	any were filed on 05/06/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	I office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address:	A SS S
	Enter Florida street address

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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = · Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RONALD L. SLUSSER TR. RECUVABLE TRUST	10000 MILANO DRIVE	■ Add
		TRINITY, FL 34655	☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
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fan et <u>Note:</u> docun ie re The	Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linent's effective date on the Department of State's records.  cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the early 90th day after the record is filed.	isted as
If an ef <u>Note:</u> docum he re The	Tective date, if other than the date of filing:	isted as

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Filing Fee: \$25.00