L11000088464

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000174705 3)))

H130001747053ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

2013 AUG -6 AM 8:20

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ROBILE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

RECEIVED
13 AUG -6 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

Electronic Filing Menu Corporate Filing Menu Help

J. SAULSBERRY
EXAMINER

AUG 07 2013

H13000174705

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ROBILE 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 were filed on 08/02/2011 and assigned Florida document number L11000088464.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: N/A

(Mailing address MAY BE A POST OFFICE BOX)

2013 AUG -6 AM 9:2

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

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

H13000174705

H13000174705

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

Title	Name	Address	Type of Action
MGRM	Robinson, Josephine	1425 Brickell Ave.	☐ Add
		Suite 54A	☑ Remove
		Miami, Fl 33131	
MGR	Robinson, Cecilia	1425 Brickell Ave.	☐ Add
		Suite 54A	☑ Remove
		Miami, Fl 33131	
MGR	Robinson, Patrick	1425 Brickell Ave.	☐ Add
		Suite 54A	☑ Remove
		Miami, Fl 33131	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2013 AUG -6 PM 8:20

H13000174705

H13000174705

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

Dated August 6th 2013

Geoffrey Robinson

Signature of a member or authorized representative of a member

Geoffrey Robinson, MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00

FILED
2013 AUG -6 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H13000174705