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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
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T. BROWN

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Rhodenizer Marketing 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:
Rebekah Rhodenizet Name of Person Rhodenizet Marketing LLC Firm/Company
Rhoderizer Marketing, LLC Firm/Company
14276 State Road 51 Address
Live Oak FL 32060 City/State and Zip Code T. Thodenizer @ amoil. com E-mail address: (to be used for future annual report orification)
E-mail address: (to be used for future annual report orification)
For further information concerning this matter, please call:
Rebekah Rhodenizer at (776) 356-6985 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Stat

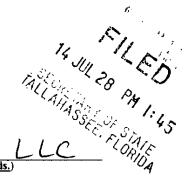
MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

(Name of the Limited Liability Compan	at Keting LLC ORIE
(A Florida Limited Li	v as it now appears on out records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L1100094828</u>	were filed on $\frac{8}{17}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14276 State Road 51
(Principal office address MUST BE A STREET ADDRESS)	Live Oak FL 32060
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14276 State Road 51 Live Oak, FL 32060
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
		 	
			☐ Remove
			☐ Remove
			Remove
			□ Add
		- , 	Remove
			Add
			□ Remove
 			
			□ Remove

, 11 amendi	ing any other information, enter change(s) here: (Anach additional sheets, if hecessary.)
<u>*</u>	
•	
Effective (The effective	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	s document is filed by the Florida Department of State)
Dated	7-25-14
	R. Rhodin
	Signature of a member or authorized representative of a member
	Kebekah Rhodenizer
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00