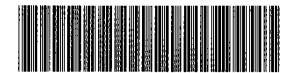
111000119224

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				
•				

Office Use Only



200213350602

10/24/11--01002--010 **25.00

SECRETARY OF STATE

A STATE OF THE STA

T. CLINE

OC1 25 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: ADROITLY LLC Name of Limited Liability Company			
The en	aclosed Articles of Amendment and fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	BRETT ANDRES Name of Person			
	ADROITLY LLC Firm/Company			
	1064/ SW HARTWICK PRIVE			
	PORT SAINT LUCIE FL 34987 City/State and Zip Code	TAE	201	
	BRETT ANDRES @ (MAIL CM) E-mail address: (to be used for filture annual report notification)	CRETI	2011 OCT 24	and the same of th
For fur	ther information concerning this matter, please call:	ARY O	24	
	RETT ANDRES at (56) 72-414/ Area Code & Daytime Telephone Number	F STA		
Enclos	sed is a check for the following amount:			
	5.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status} \text{Certified Copy Certificate of Certified Copy (additional copy is enclosed)} \text{Certified Copy Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	50.00 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

ADROYC	Y UC	our mecords		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on nited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Con Florida document number <u>L11000119221</u>		18/2011 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	(SS)	201 FA-E		
		22 8 TN		
		35 7 P		
Enter new mailing address, if applicable:		SE C		
(Mailing address MAY BE A POST OFFICE BOX)				
	 	FS BE		
B. If amending the registered agent and/or register registered agent and/or the new registered office address		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> <u>Address</u> BRETT ANDRES 10641 SW HARTWICK DR. WADD ☐ Remove ☐ Add ☐ Remove □ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00