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SECRETARY OF STATE DIVISION OF CORPORATION

MAR 1 4 2012 T. HAMPTON

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	. KEEP E	EM ROLLIN, LLC	
0000001		nited Liability Company	
The enclose	ed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please retur	n all correspondence concerning this matter	er to the following:	
		GEOFFREY A. DYCE	
		Name of Person	 -
		Firm/Company	
		005 BRADWELL PLACE	
		Address	
erigi ni vi vi vi Na vi Nashadaji		TAMPA, FL 33626 City/State and Zip Code	
	E-mail address:	•	tion)
	information concerning this matter, please		····· /
	GEOFFREY A. DYCE	at (813) 78 Area Code & Daytime T	36-3436
	Name of Person	Area Code & Daytime T	elephone Number
Enclosed is	a check for the following amount:		·
\$25.00	Filing Fee \$\bigcup \$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 Cornorations		STREET/COURIER Registration Section Division of Corporati	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

<u></u>				
(<u>Name of the Limited</u> (A	12 SEC			
(A ISE	
The Articles of Organization for this Limited L	iability Company were filed on	03-05-12	SECRE TARY OF COR. VISION OF COR. and assigned cor.	
Florida document number L1200003	1568		3 -	
- · · ·			E POR	
This amendment is submitted to amend the following	owing:		AH 9: 49	
A. If amending name, enter the new name of	f the limited liability company here	:	- 0,	
<u> </u>				
The new name must be distinguishable and end with	th the words "Limited Liability Compan	y," the designation "I	LC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
• • • • • • • • • • • • • • • • • • • •				
(Mailing address MAY BE A POST OFFICE	<u></u>			
	-			
B. If amending the registered agent and/o	or registered office address on ou	r records enter t	the name of the nev	
registered agent and/or the new registered of		records, enter t	ne name of the new	
Name of New Registered Agent:	GEOFFREY A. DYCE			
New Registered Office Address:	10005 BRADWELL PLACE			
New Registered Office Address.	Enter Florida street address			
	TAMPA	, Florida	33626	
	City	, 1 101 103	Zip Code	
New Registered Agent's Signature, if changing I	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 haveby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** Title Title **Address** Name **MGRM** JEFF DYCE, JR ☐ Add ✓ Remove MGRM **GEOFFREY A. DYCE ✓** Add 10005 BRADWELL PLACE Remove TAMPA_FL_33626___ ☐ Add . ☐ Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of member or authorized representative of a member **GEOFFREY A. CYCE** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00