

L12000081133

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

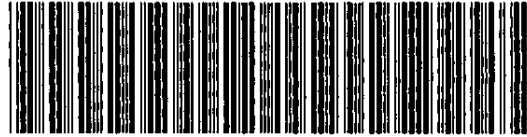
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
AUG - 6 2012  
EXAMINER

# BAILEY CAVALIERI LLC

Attorneys At Law  
One Columbus  
10 West Broad Street, Suite 2100  
Columbus, Ohio 43215-3422

direct dial: 614.229.3268  
email: Craig.Hartpence@BaileyCavalieri.com

August 2, 2012

VIA FEDERAL EXPRESS

Florida Department of State  
Registration Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of  
(Robert William Management, LLC and Robert William Holdings, LLC)

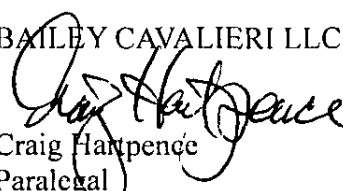
Dear Sir/Madam:

Please record the enclosed Articles of Amendment to Articles of Organization of Robert William Management, LLC and Robert William Holdings, LLC. Please return time-stamped copies of the original recorded Articles of Amendment to our office in the enclosed Federal Express return envelope. Enclosed are two checks in the amount of \$25.00 each for costs.

If you have any questions, please give me a call at (614) 229-3268. Thank you for your assistance in this matter.

Very Truly Yours,

BAILEY CAVALIERI LLC

  
Craig Hartpence  
Paralegal

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AUG-3 PM 12:12  
FLORIDA  
STATE  
REGISTER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Robert William Management, 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:

Craig Hartpence

Name of Person

Bailey Cavalleri LLC

Firm/Company

10 W. Broad Street, Suite 2100

Address

Columbus, Ohio 43215

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Hartpence

Name of Person

at ( 614 )

229-3268

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Robert William Management, 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 June 19, 2012 and assigned Florida document number L12000081133.

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 end with the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

**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:

New Registered Office Address:

*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**

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:

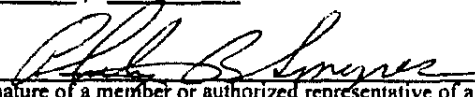
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                               | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|---|--|--|
| MGRM         | Philip Smyres                             | c/o The Mooney Law Firm, LLC<br>1911 Capital Circle N.E.<br>Tallahassee, Florida 32308 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | Robert William Intermediate Holdings, LLC | c/o The Mooney Law Firm, LLC<br>1911 Capital Circle N.E.<br>Tallahassee, Florida 32308 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |   |  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated Aug 2, 2012

  
Signature of a member or authorized representative of a member

PHILIP R. Smyres  
Typed or printed name of signee

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