L12000081133

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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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B. KOHR

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EXAMINER



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DEPARTMENT OF STATE



COVER LETTER

	•	COVER LETTER	A.
TO: Registration Division of C			
Division of C	-	n Management, LLC	Pic to
SUBJECT:			
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	TALLAHASSES, CLORIDA
Please return all corres	pondence concerning this matter	to the following:	OP
		Jill Murphey	
		Name of Person	
	E	Bailey Cavalieri LLC	
		Firm/Company	
	10 W	est Broad St., Suite 2100	
		Address	
	C	Columbus, OH 43215	
		City/State and Zip Code	
	jill.murp	phey@baileycavalieri.com to be used for future annual report notification	
For further information	n concerning this matter, please o		.,,
	ill Murphey e of Person	at (614) 229 Area Code & Daytime Tele	9-3293 phone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Robert William Management, LLC

TO SER ZO PHONE TO PROPERTY OF THE PARTY OF

(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 L12000081133 Florida document number 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: (Muiling address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	<u>Name</u>	Address	Type of Action			
MGRM	Robert William Intermediate Holdings, LLC	c/o The Mooney Law Firm, LLC 1911 Capital Circle N.E. Tallahassee, Florida 32308	Add Remove			
MGR	Philip Smyres	c/o The Mooney Law Firm, LLC 1911 Capital Circle N.E. Tallahassee, Florida 32308	Add Remove			
MGR	Kevin P. Burns	c/o Global Securitization Services, LLC 68 South Service Road, Suite 120 Melville, New York 11747	_[∕] Add Remove			
MGR	David V. DeAngelis	c/o Global Securitization Services, LLC 68 South Service Road, Suite 120 Melville, New York 11747				
			Add Remove			
			Add Remove			
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary)	- -			
Dated See	⇒ 26 , 2012 Signature of a member of	authorized representative of a member	,			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00