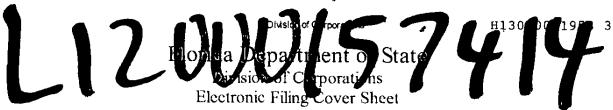
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2/22/13



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000041953 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GFB TAX SERVICE LLC

Account Number : 120120000047

Phone : (754)246-6160

Fax Number

: (954)510-2072

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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Tallahassee, FL 32314

Page: 3

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COVER LETTER

	ration Section in of Corporations		
SUBJECT:	RHODA IN	VESTMENTS LLC	
		ited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are su	bmitted for filing.	Fe S
Please return all	correspondence concerning this matte	r to the following:	1 E8 22 E8 22
		GASTON BELEN	School
		Name of Person	To Oil
G		FB TAX SERVICE LLO	
		Firm/Company	<u> </u>
	52	10 SW 201st TERRAC	DE
		Address	
	SOUTH	WEST RANCHES, FL	. 33332
		City/State and Zip Code	
		LEN@GFBTAXSER\	
70 C A 1 C		to be used for future annual rep	or nonlication)
For further infor	mation concerning this matter, please	call:	
	GASTON BELEN	at (_754_)	246-6160
Name of Person		Area Code &	Daytime Telephone Number
Enclosed is a che	eck for the following amount:		
\$25,00 Filing	g Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is ea	\$60.00 Filing Fee, Certificate of Status & nclosed) Certified Copy (additional copy is enclosed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	Registration	Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHODA INVESTMEN	TSLLC				
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)	A Marie			
The Articles of Organization for this Limited Liability Company were file	d on 12/18/2012	and assigned			
Florida document numberL12000157414		The Park of the Pa			
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability com	pany here:	FLORIDA FLORIDA			
, and the second					
The new name must be distinguishable and end with the words "Limited Liabili"L.L.C."	ty Company," the designation "LLC	C" or the abbreviation			
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)					
B. If amending the registered agent and/or registered office address here:	ess on our records, <u>enter the</u>	name of the new			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street address				
	Florida				
City	, Florida	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree to act the provisions of all statutes relative to the proper and complete perfo accept the obligations of my position as registered agent as provided being filed to merely reflect a change in the registered office address, company has been notified in writing of this change.	ormance of my duties, and I am for in Chapter 608, F.S. Or, if i	familiar with and this document is			

If Changing Registered Agent, Signature of New Registered Agent

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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> Name

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	GASTON F BELEN	5210 SW 201 TERRACE SOUTHWEST RANCHES, FL 33332	∠ Add Remove
			Add
			Add Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
			
Dated	,	013 Pnm/	
	Signature of a member (Type	GOT BELEN d or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00