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(City/s	State/Zip/Phon	e #)
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Certified Copies	Certificate	s of Status
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Special Instructions to Fil	ling Officer:	

Office Use Only



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SEMICIARY OF STATE

K. SALY EXAMINER OCT 23 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

CHDIECT

The Buda'Rowe Group 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:

Melissa Royer

Name of Person

The Buda Rowe Group LLC

Firm/Company

2194 Hwy A1A

Address

Indian Harbour Beach, FL 32937

City/State and Zip Code

mroyer@budarowe.com

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

For further information concerning this matter, please call:

Melissa Royer

321_{at}(321-6451

Name of Person

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)

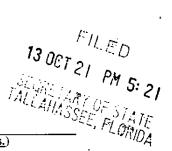
MAILING ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Buda'Rowe Group 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 Li	ability Company were filed on $\frac{2/13}{2}$	2013 and assigned
Florida document number L13000023086		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The Buda Rowe Group LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	L ,,
B. If amending the registered agent and/or the new registered of		records, enter the name of the new
Name of New Registered Agent:	Bernadette B Rowe	
New Registered Office Address:	2194 Hwy A1A # 210	
	Enter	Florida street address
	Indian Harbour Beach	, Florida <u>32937</u>
	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:

	GR = Manager GRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Garry P Geertsma	2194 Hwy A1A #210	Add	
		Indian Harbour Beach, FL 3293	7 Remove	
MGRM	Bernadette B Rowe	2194 Hwy A1A #210		
		Indian Harbour Beach, FL 3293	7 Remove	
		2194 HWY AIA #210		
MG R	Michael E. Roue	2194 Hwy AIA #210 Indian Herbour Beach, FL3	_ Add	
			Remove	
			-	
			_	
			Remove	
			Add	
			Remove	
			_	
			Add	
			Remove	

If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted _	10/15, 2013.
	Dernadetto B. Nowe
	Signature of a member or authorized representative of a member
	Bernadette B Rowe
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00