L13000145076

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600271314696

04/07/15--01007--011 **55.00

2015 APR -7 PH 2: 13
SECRETARY OF STATE
AND ANASSEE, FLORIDA

APR 2 4 2014

C. CARROTHERS

COVER LETTER ___

	ration Sect on of Corpo			
SUBJECT:	othschild	Estate Services, LLC	;	
SOURCE:		Name of Limi	ted Liability Company	
The enclosed Ar	rticles of Aı	mendment and fee(s) are subr	nitted for filing.	
Please return all	correspond	lence concerning this matter t	to the following:	
		Thomas R. Rothschi	ld	:
			Name of Person	
		Rothschild Estate Se	ervices, LLC	
		, , , , , , , , , , , , , , , , , , ,	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		8800 SE Eaglewood	Way	
			Address	
		Hobe Sound, FL 33-	455	
			City/State and Zip Code	
		rothschild33@gmail.c		
		E-mail address: (to	o be used for future annual report notif	ication)
For further infor	mation con	cerning this matter, please ca	II:	
Thomas R.	Rothschi	ld	208 ,889-8251	
	Name of P	erson	Area Code Daytime	e Telephone Number
Enclosed is a ch	eck for the	following amount:		
□ \$25.00 Filin	ng 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

Rothschild Estate Services, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	2015 APR	¥-
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000145076</u>	were filed on October 15, 2013	and SEE. F	
This amendment is submitted to amend the following:		4 2: 13 FLORIE	C
A. If amending name, enter the new name of the limited liab	ility company here:	<u> </u>	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:	8800 SE Eaglewood Way		
(Principal office address MUST BE A STREET ADDRESS)	Hobe Sound, FL 33455		-
Enter new mailing address, if applicable:	4980 Canterbury Road		•
(Mailing address MAY BE A POST OFFICE BOX)	Coeur d'Alene, ID 83815		_
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the	<u>new</u>
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager '
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Margaret L. Rothschild	8800 SE Eaglewood Way	
	•	Hobe Sound, FL 33455	■ Remove
MGR	Thomas R. Rothschild	4980 Canterbury Road	
		Coeur d'Alene, ID 83815	Remove
			□ Add
			□ Remove
			Add
			□ Remove
			Add
			Remove
			□ Add
			☐ Remove

effective date, if other than the dat effective date must be specific, cannot be date this document is filed by the Florida	re of filing:	(optional) be more than 90 days after
e date this document is filed by the Florida April 2 ted	Department of State) 2015	(optional) be more than 90 days after
e date this document is filed by the Florida ated April 2 Three L	2015 , 2015	
ated April 2 Three L	2015, 2015 mature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00