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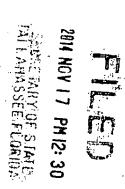
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COVER LETTER

TO:

Registration Section

Division of Corporations

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SUBJECT:

Robinson-Sansone Brokerage Services 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:

Stephen J. Smith

Name of Person

McCarthy Leonard & Kaemmerer LC

Firm/Company

825 Maryville Centre Drive, Suite 300

Address

Chesterfield, MO 63017

City/State and Zip Code

ssmith@mlklaw.com

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

For further information concerning this matter, please call:

Stephen J. Smith

₃₁,314,392-5200

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

Robinson-Sansone Brokerage Services LLC

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

(Name of the Limited Liability (A Florida	ty Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability (Florida document number L13000178483	Company were filed on 12/31/201	3 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company here:			
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
		<u> </u>		
Enter new mailing address, if applicable:		NOV		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	m -<		
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		- O N N N N N N N N N N N N N N N N N N		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	Zip Code		

If Changing Registered Agent, Signature of New 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

If amending the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	<u>Address</u> <u>Ty</u>	pe of Action			
MGR	The Sansone Group, Inc.	120 South Central Avenue, Suite 500	Add			
		St. Louis, MO 63105	Remove			
MGR	Nicholas Sansone	120 South Central Avenue, Suite 500	Add			
		St. Louis, MO 63105	Remove			
MGR	Walter K. Robinson	2980 McFarlane Road, Suite 209	Add			
		Miami, FL 33133	Remove			
		ACT AHA SEE. F	Zill Add			
		S.TATES) 			
			Add			
			Remove			
			Add			
			Remove			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
, 				
				
 _				
	an the date of filing: (optional) he date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)		
Dated November	\			
	1/h			
·	Signature of a member or authorized representative of a member	_		
	Nick Sansone	_		
	Typed or printed name of signee			
	Th. 4 44			

Page 3 of 3

Filing Fee: \$25.00

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