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MARRIE

COVER LETTER

Division of Corpora	ations		
SUBJECT: ROB.	Name of Limit	* OR AER LLC ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter to	o the following:	
-	MEUS	SA SERVICE Name of Person	
-	REANS	Firm/Company	
_	6556 LONG B	IRCELE RA	
-	ORLAND	Address O, FL 3 2.510 City/State and Zip Code 407 @ Small : WM be used for future annual report notifi	
For further information conce	erning this matter, please cal	II:	
MEUSSA Name of Per	SERVICE	at (40) 016 Area Code Dayume	335 / Telephone Number
Enclosed is a check for the fo		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy
			(additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 LAWN & O (Name of the Limited Liability Compan (A Florida Limited L	RACK LLC	(5.)
(Name of the Limited Liability Compat (A Florida Limited L	iability Company)	<u></u> '
The Articles of Organization for this Limited Liability Company Florida document number 114000026283	were filed on 2/14_,	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	,
ROBINSON THRESTME	NT PARTNER	5 LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	"or the abbreviation "E.L.C. •
Enter new principal offices address, if applicable:	6556 LONG B	BRETZE RD
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL	328/02
Enter new mailing address, if applicable:		6 T
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our record	ds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	r	Plant do
	City , P	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = 'Authorized Member **Type of Action** <u>Address</u> Title Name 1 MAR MELISSA SERVICE 5104 N ORANGE BLOSSOM TRAIL ORLANDO, FZ 32810 #22/0 Remove _□ Change □ Add _□ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Accid ☐ Remove

_ Change

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Filing Fee: \$25.00