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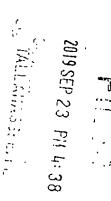
(Re	questor's Name)	
(Address)		
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COVER LETTER

TO:	Registration Se Division of Cor			
eu pica		ORNERS LLC		
SUBJE	UI:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		SIMON B HOWELL		
			Name of Person	
		HOWELL INTERNATIO	NAL TAX	
			Firm/Company	 -
		8701 W IRLO BRONSON	MEMORIAL HWY, SUITE 100	
			Address	
		KISSIMMEE, FLORIDA	34747	
			City/State and Zip Code	
		EMMA.HOWELL@HOW	ELLINTERNATIONALTAX.COM	1
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please c	all:	
SIMON	B HOWELL		407 245-7600 at ()	
	Name of	Person		Telephone Number
Enclosed	l is a check for th	e following amount:		
□ \$ 25.6	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

ROLO 4 CORNERS LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Corr	npany were filed on 2 nd SEPEMBER 2014	and assigned
Florida document number L14000136200		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
	:22	A19 S
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or register	ed office address on our records, enter	.he name of the
egistered agent and/or the new registered office address	s here:	
Name of New Povietored August		
Name of New Registered Agent:		· <u>-</u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	GRAHAM WALSH	109 AMBERSWEET WAY	
		UNIT 302	□ D
		DAVENPORT, FLORIDA 33897	■ Remove
		DAVENFORT, FEORIDA 33697	□ Change
MGR	GRAHAM WALSH	109 AMBERSWEET WAY	•
			\equiv Add
		UNIT 302	D 6
		DAVENPORT, FLORIDA 33897	Remove
		DAVENFORT, FLORIDA 33897	Change
MGR	EDWIN SMITH	109 AMBERSWEET WAY	
		UNIT 302	
		DAVENDORT ELONDA 22007	□ Remove
		DAVENPORT, FLORIDA 33897	Change
			□ Add
			5 10
			Remove
			Change
			_
		🖸 Add	
			Пр
			Remove
			D Add
			□ Bamava
			Remove
			☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	of filing or more than 90 days after filing.) Pursuant to 605 0207 (3
the record specifies a delayed effective date, but not an each of the south day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated	
Migrafure of a member or authorized r	representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00