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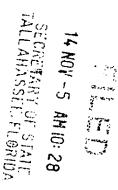
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J. Shivers NOV 0 6 2014

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	R Brothe	rs Venture, LLC		
SOBJE		Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Mary Pat Hevener		
			Name of Person	
		R Brothers Venture,	LLC	
			Firm/Company	
		6300 NE 1st Avenue	e, Suite 300	
			Address	
		Fort Lauderdale, FL	33334	
			City/State and Zip Code	
		mph@roschman.com		
		E-mail address: (1	to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	all:	
Mary	Pat Hevener		954 343-2471	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$2	5.00 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

R Brothers Venture, LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on October 17. 2014 and assigned
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	
indiang datess MAT BLATOST OFFICE BU	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter the name of the new
New Registered Office Address:	Enter Florida street address
	SSA A
	City Florida City Code
New Registered Agent's Signature, if changing Reg	zistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to samply with the and complete performance of my duties, and I am familiar with and cred agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability hange.

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	Robert Joseph Roschman Revoca Trust U/A/D October 11, 2000, Robert Roschman, Trustee	6300 NE 1st Avenue, Suite 30 Fort Lauderdale, FL 33334	0 ■ Add
			Remove
MGR	Revocable Trust Created By Jeffrey S. Roschman U/A/D March 10, 1994	6300 NE 1st Avenue, Suite 30 Fort Lauderdale, FL 33334	 00 ■ Add
			Remove
MGR	Robert Roschman	6300 NE 1st Avenue, Suite 30 Fort Lauderdale, FL333334	00 □ Add
			Remove
MGR	Jeffrey Roschman	6300 NE 1st Avenue, Suite 30 Fort Lauderdale, FL 33334	 00 □ Add
		IALL AJIASSLE, F	Remove Remove
			Remove"
			□ Remove

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ffective date, if other than the date of filing:	(optional)
ne effective date must be specific, cannot be prior to date of receipt or filed date an	(optional) d cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date an	(optional) d cannot be more than 90 days after
the effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
ne effective date must be specific, cannot be prior to date of receipt or filed date an ne date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date an he date this document is filed by the Florida Department of State) lated Signature of a member or authorized representations.	d cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

