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From:

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; FOWLER RODRIGUEZ LLP

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROOK HOMES, LLC

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COVER LETTER

Division of Co					
SUBJECT:	ROOK HOMES, L	LC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	JULIANA B. LOPEZ				
		Name of Person			
	FOWLER RODRIG	JEZ LLP			
		Firm/Company	-1488		
	355 ALHAMBRA C	RCLE, SUITE 801		2015	
		Address			~
	CORAL GABLES, I	FL 33134		APR I	- Autor
	-	City/State and Zlp Code			9
	JLOPEZ@FRFIRM				
	E-mail address: (to be used for future annual report notifi	cation)	بو	PROBLEM S
For further information	concerning this matter, please c	all:			\W_1
JULIANA B. LO	PEZ	_{8t.} 786 364-8407		-	
Name	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for	the following amount:				
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MAI	I INC A DDUFÇÇ.	\$TBPFT/COURT	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

	ROOK HOMES, LLC
ippears on our records.)	(Name of the Limited Liability Comp (A Florida Limited
on January 30, 2015 and assigned	The Articles of Organization for this Limited Liability Companies Florida document number <u>L15000018263</u>
	This amendment is submitted to amend the following:
ny here:	A. If amending name, enter the new name of the limited lia
," the designation "LLC" or the abbreviation "L.L.C."	The new name must be distinguishable and end with the words "Limited Li-
	Enter new principal offices address, if applicable:
# 50 # (2) ema	(Principal office address MUST BE A STREET ADDRESS)
TO THE RESERVE TO THE	
	Enter new mailing address, if applicable:
me > III	
C.S. Spinorika	(Mailing address MAY BE A POST OFFICE BOX)
72 7	
ss on our records, enter the name of the new	B. If amending the registered agent and/or registered registered agent and/or the new registered office address he
	Name of New Registered Agent:
	New Registered Office Address:
er Florida street address	
, Florida	
Zip Code	
es on our records, <u>enter the name of t</u>	registered agent and/or the new registered office address he Name 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

Title	<u>Name</u>	Address	Type of Action
AMBR	FRANCISCO D MISE	2937 SW 27TH AVENUE	
		SUITE 303	□ Remove
		MIAMI, FL 33133	
MGR	FRANCISCO DI MISE	2937 SW 27TH AVENUE	<u></u> Ď Add
		SUITE 303	□ Remove
		MIAMI, FL 33133	
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