

**L15000091041**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**800288912758**

08/12/16--01013--019 \*\*25.00

**FILED**  
2016 AUG 12 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

AUG 16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RORKES DRIFT, 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:

Roberta Dunn Bartley  
\_\_\_\_\_  
Name of Person

Bartley Law, P.A.  
\_\_\_\_\_  
Firm/Company

370 Camino Gardens Blvd, Suite 300  
\_\_\_\_\_  
Address

Boca Raton, FL 33432  
\_\_\_\_\_  
City/State and Zip Code

**RBARTLEY@BARTLEYLAW-FL.COM**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roberta Dunn Bartley                                  561                  362-0800  
\_\_\_\_\_  
Name of Person    at (\_\_\_\_\_ )                  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**

RORKES DRIFT, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 22, 2015 and assigned  
Florida document number L15000091041.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TRUFFLE CAPITAL, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

2433 S Flagler Drive

West Palm Beach, FL 33401

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

2433 S Flagler Drive

West Palm Beach, FL 33401

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Bartley Law, P.A.

New Registered Office Address:

370 Camino Gardens Blvd, Suite 300

*Enter Florida street address*

Boca Raton

Florida

33432

*City*

*Zip 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.*

  
Roberta Ann Bartley  
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>	<u>Type of Action</u>
MGR	Lenger, Keith D.	221 N. Hogan St. #405	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Hendrickson, Steven K.	221 N. Hogan St. #405	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jenrette, Jon	221 N. Hogan St. #405	<input type="checkbox"/> Add
		Jacksonville, FL 32202	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tanne, Frederick	2433 S. Flager Drive	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33401	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jenrette, Jon	205 Worth Ave, Suite 201	<input checked="" type="checkbox"/> Add
		Palm Beach, FL 33480-4650	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 AUG 12 PM 2:24  
 SECRETARY OF STATE  
 TALLAHASSEE, FL 32310

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2016 AUG 12 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 10, 2016

Frederick Tanne  
Signature of a member or authorized representative of a member

Frederick Tanne  
Typed or printed name of signee