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WELLBAUM & EMERY, P.A.

R W WELLBAUM, JR.
LORI WELLBAUM EMERY*

"ALSO ADMITTED IN CALIFORNIA

686 NORTH INDIANA AVENUE ENGLEWOOD, FLORIDA 34223 TELEPHONE (941) 474-3241 FAX (941) 475-2927

ROBODONKEY, LLC

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: ROBODONKEY, LLC (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:

Lori Wellbaum Emery Wellbaum & Emery, P.A. 686 N. Indiana Avenue Englewood, Florida 34223

For further information concerning this matter, please call:

Lori Wellbaum Emery/ Ali Rhoads at (941) 474-3241

Enclosed is a check for the following amount:

X\$25.00 filing fee __\$30.00 Filing Fee & __\$55.00 Filing Fee & Certified Copy (add I

Certificate Status copy is enclosed)

__\$60.00 Filing Fee. Certificate of Status & Certified Copy (add'l copy is enclosed)

Yours very truly, yours

Lori Wellbaum Emery

LWE/ar Enclosures

COVER LETTER

TO: Registration S Division of Co			
		DONKEY, LLC	
SUBJECT:	Name of Lim	ited Liability Company	. <u> </u>
The enclosed Articles o	f Amendment and feets) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	LO	RI WELLBAUM EMERY	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	W	ELLBAUM & EMERY, P.A.	
		Firm Company	
	·	686 N. Indiana Avenue	
		Address	
		Englewood, FL 34223	
		City State and Zip Code	
	E-mail address; (Fng.Kilborn@gmail.com to be used for future annual report no	tification)
For further information	concerning this matter, please c		
Loti Wellb	ium Emery	941 474-3241	
Name	of Person	at () Area Code Daytn	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Regis Divis P O	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations

Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBODONK		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) hty Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>1.17000117320</u> .	re filed on <u>May 26, 2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the w	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 ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	· address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	- <u> 7</u>
	, Florida	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.

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>	Address	Type of Action
MGR	EDWARD J. PIOTROWSKI	750 S. Broadway	Add
		Englewood, FL 34223	□ Remove
			Change
MGR	EDWARD M. PIOTROWSKI	750 S. Broadway	
		Englewood, FL 34223	≅ Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		
			Remove
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Filing Fee: \$25.00