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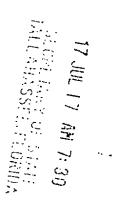
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COVER LETTER

10: Registration Section Division of Corpo			
SUBJECT:	ROBVE Name of Limi	ERATUAR ted Liability Company	2 LLC
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Wesley	Rebinson Name of Person	
	ROBVE	RAJUAR LL Firm/Company	
	86 SW 8+1	hSt., Suite 3100,	Majorio
		FL 33130 City/State and Zip Code 5 912 870 gma o be used for future annual report notifi	ail. com
For further information con	cerning this matter, please ca	•	
Wesley Name of P	Robinson	at (<u>305)</u> 609 Area Code Daytime	3382 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)	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

(Name of the Limited Cability Company) The Articles of Organization for this Limited Liability Company were filed on	ROBVERA	JUAR LLC	
Florida document number L17000 46387. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROBUE RAJAUR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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 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: New Registered Office Address: Enter Florida street address Florida	(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	.)
A. If amending name, enter the new name of the limited liability company here: ROBUERADAUR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address Florida		y were filed on	17 and assigned
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Enter Florida street address , Florida	Name of New Registered Agent:		
, Florida	New Registered Office Address:		
		Enter Florida street address	
City Zip Code		, Flor	rida
		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.

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:

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Filing Fee: \$25.00