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SECRETARY OF STATE

COVER LETTER

SUBJECT: Roll	ing Munder	of South	HORIDA LLC
	Name of Limit	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
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	ϵ	Ton RAZ	-
		Name of Person	•
	Rolling The	inder of	Sorn FURISH UC
		i mir company	
	267	3 S Pacil	lare
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	tonyr (City/State and Zip Code	., LOM
	E-mail address: (to	o be used for future annual r	eport notification)
For further information con	cerning this matter, please ca	11:	
ETM	RA2	at () \$\frac{1}{2} \]	244-3899 Daytime Telephone Number
Name of P	erson	Area Code	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 encl	Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

d 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 __ Florida document number <u>L1</u> 8 000 093035 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 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) 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 City 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>	<u>Address</u>	Type of Action
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