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COVER LETTER

Division of Corpo		
SUBJECT: RW	Name of Limited Liability Company	
The enclosed Articles of An	nendment and fee(s) are submitted for filing.	
Please return all correspond	ence concerning this matter to the following:	
	ROBERT V. WOLAN Name of Person	
	RW MANAGEMENT AND MARKETING LLC.	,
	3031 SW 192 AVE	
	MIDAMAC FL 33029	
	RVW 12 16 C GMAIL. COM	
For further information cond	E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	T
ROBERT Name of Po	City/State and Zip Code RVW 12 16 C GMAIL . COM E-mail address: (to be used for future annual report notification) Cerning this matter, please call: V-WULAN Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number	ロフ
Enclosed is a check for the i		
\$25.00 Filing Fee	S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now app Liability Company	ears on our rec	ords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOSDOO 105</u> 1.49			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company l	ıerę:	
RW MANAGEMENT AND MAR	2Kenno	LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."			•
Enter new principal offices address, if applicable:	NIA		2010 A
(Principal office address MUST BE A STREET ADDRESS)	-1×/11		TR R
			SW CO L
Enter new mailing address, if applicable:	NA		PH 3:
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		n our records,	enter the name of the no
New Registered Office Address:			
		Enter Florida s	treet address
		, Fle	orida
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM =	Managing Member		
<u>Title</u>	Name	Address	Type of Action
	NA		Add
	(•		Remove
			Add
			Remove
			Add
			Remove T
			28 Z
			Romeve U
		•	Brita S
			Remove
D. If amer	nding any other information, en	ter change(s) here: (Attach additional sheets, if necessar	v.)
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_	and the second of the second o		——————————————————————————————————————
Dateá	April 25	, <u>2010</u> .	
	geste	. —	
		f a member or authorized representative of a member OTH . E . WOLAN	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00