## L01000004299

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SECRETARY OF STATE

T. HAMPTON

JUL 2 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:	RCI (Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Br	ian bauth			
•		(Firm/Company)			
•	2525	(Address)  (Address)  (City/State and Zip Code)	RD 7	STE	110
	Holly	(City/State and Zip Code)	33021		
For further information	concerning this matter, please c	all:			
Brian (Name	Caw thile of Person)	at (95% 303- (Area Code & Daytime 1	selephone Number)	,	
Enclosed is a check for t	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 Star Certified Copy (additional copy)		

**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

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(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 3/16/200/ and assigned Florida document number 6000004299.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2525 V 57 PD 7

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Holly wood Fl. 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

2525 N 37 (20) 7

STE 110

Holly was In the second of the second of

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:

Holly wood , Florida 3302/ (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. Lhereby 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> <u>Address</u> **Type of Action** <u>Name</u> Add Remove Add Remove □ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) tative of a member Catherine Cault Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00