Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000048781 3)))



H110000487813ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Please relain original filing

date of submission

From:

Account Name : C T CORPORATION SYSTEM

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TAKE 5 SOLUTIONS, LLC

Certificate of Status Certified Copy Page Count 05 Estimated Charge \$25.00



February 22, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAKE 5 SOLUTIONS, LLC 6853 SW 18 STREET SUITE M200 BOCA RATON, FL 33433US

SUBJECT: TAKE 5 SOLUTIONS, LLC

REF: L03000035586

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II FAX Aud. #: H11000044936 Letter Number: 911A00004406

RECEIVED

11 FEB 23 PM 4: 18
SECHETARY OF STATE
ALLAHASSEE. FLORIDA

## **COVER LETTER**

Division	of Corporations		·
Arm mem.	Take	5 Solutions, LLC	
SUBJECT:		ited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.	
	rrespondence concerning this matte	_	
Y 1003C TOURTH BIT OF	moshonration contemum P HIS HERE	to the tonowing.	
		Alex Radetich	
	•	Name of Person	***
		RGAR Holdings, LLC	
	<del></del>	Firm/Company	
		23169 Via Stel	
		Address	· · · · · · · · · · · · · · · · · · ·
		Boca Raton, FL 33433	
		City/State and Zip Code	
•		alex@take5s.com	
		to be used for future annual report or	nncation)
For further informa	tion concerning this matter, please	Call:	
	Brian M. Bunn	at ( 617 )	535-4418
1	ame of Person	Area Code & Day	ime Telephone Number
•			
	for the following amount:		_
<b>⊠</b> \$25.00 Filing F	Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Pee, Certificate of Status & Certified Copy (additional copy is enclosed)
	IAILING ADDRESS:	STREET/COU	RIER ADDRESS:
	egistration Section livision of Corporations	Registration Sec Division of Corp	tion posations
P	O. Box 6327	Clifton Building	
1	allahassee, FL 32314	2661 Executive ( Tallahassee, FL	

TO:

Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Take 5 Solutions, 1	
(Name of the Limited Limbility Company as (A Florida Limited Liability	t now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document numberL03000035586	filed on September 18, 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
RGAR Holdings, L	LC
The new name must be distinguishable and end with the words "Limited Li"L.L.C."	ability Company," the designation "LLC" or the abbreviation
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 a registered agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, enter the name of the new
New Registered Office Address:	
THOM WORKSIDIER AVIIIGE WINNESS:	Enter Florida street address
·	Florida C
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ರ್ಷಗ ಎ

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 Ament

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;

	Name	Address	Type of Action
			- party
<del></del>			
<del></del>			<b>—</b>
			Remove
. If amend	ing any other information, ent		Remove
. If amend	ing any other information, ent		Remove
. If amend	ing any other information, ent		Remove
. If amendi	ing any other information, ent		Remove

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager