103000054575

/Da	equestor's Name)	· · · · · · · · · · · · · · · · · · ·	
(RE	equestors Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
	—		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
,			
Certified Copies Certificates of Status			
Consist Instructions to	Filing Officer		
Special Instructions to	Filing Officer:	ł	
		ļ	





400084986814

01/19/07--01005--019 **55.00

SECRETARY OF STATE

B-35-5

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rabon Studios, LUC (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Sandra Raborn (Name of Person)	
Rabon Studios, LLC (Firm/Company)	
124 S. Amelia Aug Ste. 200 Em E	
Deland, Pl 32721 (City/State and Zip Code) City/State and Zip Code)	
For further information concerning this matter, please call:	1
Sandla Raby at 386 Sol. 8067 Sin Sol. (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \} \text{\$\frac{555.00}{Certified Copy} (additional copy is enclosed)} \} \text{\$\frac{560.00}{Certified Copy} (additional copy is enclosed)} \} \text{\$\frac{560.00}{Certified Copy} (additional copy is enclosed)} \} \text{\$\frac{560.00}{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

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 12 19 2003 and assigned document number 203000054575.			
SECOND:	This amendment is submitted to amend the following:			
	Company name change to:	- 13	ວຸດ	
	Company name change to: Nompass, LCC			
	, ,	SPA .	_	THE CALL
	Company address change to:	, 33% Y 04	80:11 MB	
	P.O. Box 954	STA	=: (******
	DeLand FL 32721	Ģm	98	
		· ·		
Dated	1/15/2007			
	Signature of a member or authorized representative of a member			
	Sandra Rabon Typed or printed name of signee			

Filing Fee: \$25.00