## Florida Department of State

Division of Corporations **Public Access System** 

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Division of Corporations

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PWS AMERICAS LLC

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10/15/08

J. BRYAN

OCT 2 0 2008

**EXAMINER** 

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| PWS AMERICAS LLC  |  |             |  |
|---|--|-------------|--|
| (Name of the Limited Liability Compan<br>(A Florida Limited U   | i <u>y as it now appears on our records.</u> )<br>inhility Company)  |             |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L04000011313</u>   |  |             |  |
| This amendment is submitted to amend the following:   |  |             |  |
| A. If amending name, enter the new name of the limited flabi  | dity company here:   |             |  |
| RIB AMERICAS LLC  |  |             |  |
| The new name must be distinguishable and end with the words "Limit "L.L.C."   | ted Liability Company," the designation "LLC" or the abbrev  | iation      |  |
| Enter new principal offices address, if applicable:   |  | 27          |  |
| (Principal office address MUST BE A STREET ADDRESS)   |  | <u> 국</u> 도 |  |
| Enter new maiting address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | AM 6: 0 1  | PORATIONS   |  |
| B. If amending the registered agent and/or registered offi<br>registered agent and/or the new registered office address here<br>Name of New Registered Agent: |  | new         |  |
| Figure Of Type Registered Figure  |  |             |  |
| New Registered Office Address:  | (Enter Florida street address)   |             |  |
| · · · · · · · · · · · · · · · · · · ·   |  |             |  |
|   | , Florida (Zip Code)   |             |  |
| New Registered Agent's Signature, if changing Registered Agent:   | And the state of t |             |  |

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 = Mar<br>MGRM = M | ager<br>anaging Member          |   |                            |
|-----------------------|---------------------------------|---|----------------------------|
| Title                 | Name                            | Address   | Type of Action             |
|                       |                                 |   | Add Remove                 |
|                       |                                 |   | Add Remove                 |
| <del></del>           |                                 |   | Add Remove                 |
|                       |                                 |   | Add<br>Remove              |
|                       |                                 |   | Add Romove                 |
|                       |                                 |   | Add Cor Property Of Remain |
| D. If amend           | ng any other information, enter | change(s) here: (Attach additional sheets, if necessary.)   | ORPORATIONS                |
|                       |                                 |   | - 01 ONS                   |
| Dated                 | OCTOBER 15                      | 2008  |                            |
|                       |                                 | 7773  | <del></del> _              |
|                       | Signature of a n                | nember or authorized representative of a member  JOCQUEINE ROOMS UEZ (PO A Typed or printed name of signice | 4)                         |

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