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SECRETARY OF EVALUATION

S. HAWKES
FEB 0 4 2009
EXAMINER

COVER LETTER

Division of Co		:	•
SUBJECT: RAC E	nterprises. LLC		0
30B3EC1. <u>1.1.1.</u>		ited Liability Company)	
,			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael R Bevacqua		
		(Name of Person)	
	RAC Enterprises, LLC		<u>. </u>
		(Firm/Company)	
	1550 North Nova Road		
		(Address)	
	Holly Hill, FL 32117		
		(City/State and Zip Code)	
For further information	concerning this matter, please c	all:	
Michael R. Bevacqua	-	at (386) 258-2225	
(Name	of Person)	(Area Code & Daytime 1	'elephone 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 Status & Certified Copy (additional copy is enclosed)
MAII	INC ADDRESS.	STDEET/COUDIED	ADDDFCC.

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**

RAC Enterprises, LLC (Name of the Limite)	d Liability Compa A Florida Limited I	ny as it now appears on our record	<u>ls.</u>)
The Articles of Organization for this Limited I Florida document number <u>L04000013556</u>	iability Company	were filed on	and assigned .
This amendment is submitted to amend the fol	lowing:		As e
A. If amending name, enter the new name of	of the limited liab	oility company here:	O TE
The new name must be distinguishable and end w "L.L.C."			
Enter new principal offices address, if applicable:		RAC Enterprises, LLC	THE STATE OF THE S
(Principal office address MUST BE A STREET ADDRESS)		1550 North Nova Road	<u> </u>
		Holly Hill, FL 32117	
Enter new mailing address, if applicable:		RAC Enterprises, LLC	
(Mailing address MAY BE A POST OFFICE BOX)		1550 North Nova Road	
		Holly Hill, FL 32117	
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the new
Name of New Registered Agent:	Michael R Bevacqua		
New Registered Office Address:	1550 North N		and althouse)
		(Enter Florida str	eei aaaress)
	Holly Hill		da 32117
		(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 = 1 MGRM	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
<u>.</u>			T Damous
.			Add Remove
			Add
·			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Addn Remove
D. Ifam	ending any other information, c	enter change(s) here: (Attach additional sheets,	
,			
Dated	January 29	<u>, 2009</u> .	
	Signature	of a member or authorized representative of a mem	ber
	David Rapie	, Managing Member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00