L04000046845

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Hadiess) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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N. Culligan JUN - 9 2005

TRANSMITTAL LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|--|--|----------------------|
| SUBJECT: | RaB En | legries, LLC mited Liability Company) | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all corresp | ondence concerning this matte | r to the following: | | |
| | Brian | 16/14 | | |
| _ | | Name of Person) | T'S | 0 |
| | R+B | Enter sign, La | LLAHASS ECIRCLATA | FILEU 5 MAY 31 PM |
| | Po Bo | x 54 | SEE, FLOR | PM 12: 28 |
| | St James | (Address) C. L. F. J. 33 /State and Zip Code) | 956 956 | Ö |
| For further information | concerning this matter, please | call: | | |
| Bi | (Name of Person) | at (| e Telephone Number) | . |
| Enclosed is a check for the | following amount: | | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | (1) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl | osed) |

STREET ADDRESS:

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

| FIRST: | The Articles of Organization were filed on June 22, 200 4 and assigned document number L04000646845. | |
|--------|---|-------------|
| | The following amendment(s) to the Articles of Organization was/were adopted by the lin liability company: | |
| To de | | FILED FILED |
| | Signature of a member or authorized representative of a member But an Hally Typed or printed name of signee | CO . |