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SECRETARY OF STATE.
FALLAHASSEE, FLORIDA

N. Outhgran MAR - 7 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RWW Consulting LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher A Kagan, Esquire Name of Person
Kagan Law Firm Firm/Company
8191 College Parkhay, Suite 303
FORT MYERS, FL 33919 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christother Kagan at (239) 466.1161 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\ \sum \\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.

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Rhill Come	u)tima 1	10.	TAILLA	JARY OF STATE
(Name of the Limited)	Liability Company	y as it now appea	rs on our records.)	TARY OF STATE, MASSEE, FLORIDA
The Articles of Organization for this Limited Lia	ability Company v	vere filed on <u>C</u>	<u> </u>	and assigned
Florida document number <u>L05000457</u>	<u>o</u> .		1	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company he	<u>re</u> :	
Business Apps Today The new name must be distinguishable and end with	LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	1486 C	unberland	Court
(Principal office address MUST BE A STREE)	<u>[ADDRESS]</u>	FORT M	lyers, FL	33919
		· · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:		1486 C	umberland C	our (
(Mailing address MAY BE A POST OFFICE L	BOX)	FORT M	yers, FL 33	3919
B. If amending the registered agent and/o			our records, <u>enter</u>	the name of the new
registered agent and/or the new registered off				
Name of New Registered Agent:	Christ	soher 1	. Kagan, E	Sguirc
	2191 /	Illana Di	، ر حامد عامد	1 1- 303
New Registered Office Address:	01116	GIEGE FE	ter Florida street ad	dress
	FORT M	1yers	, Florida	Squire Site 303 idress 33919 Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	FILED 12 MAR -6 AN IO: 44 SECRETARY OF STATE SALLAHAS SEER FEORIDA
Dated <u></u>	Russll Tuhul Signature of a member Russell W	er or authorized representative of a member	<u>-</u>

Page 2 of 2

Filing Fee: \$25.00