L05000061025

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	∋ #)
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T. CLINE
MAY - 4 2010
EXAMINER

COVER LETTER

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	N.A. outius	9 Managa 14 O			
SUBJECT:		& Magee, LLC. ed Liability Company	-		
The enclosed Articles of	of Amendment and fee(s) are sub	nitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
		Rhonda Mortimer			
		Name of Person			
	RM	B Management, LLC.			
		Firm/Company		-	
		P.O. Box 618082			
		Address	-	7. 78	
	Orlando, Florida 32861-8082			2010 MAY -3 SECRETARY TALLAHASS) A 1
		City/State and Zip Code		TARY OF	-
	E-mail address: (to	ortimer10@msn.com be used for future annual report notifi	cation)	SEE	-
For further information	concerning this matter, please ca	II:		AH B 38 SEE, FLORID	The state of the s
Rh	onda Mortimer	at (407)	758-4513	77 80	
Name	of Person	Area Code & Daytime	e Telephone Numbe	r	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)) Certified	ate of Status &	

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

Mortimer & N	/lagee, LLC.	·
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our Liability Company)	· records.)
The Articles of Organization for this Limited Liability Company	were filed onJune	20, 2005 and assigned
Florida document numberL05000061025		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
RMB Manage		
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the	designation LLC" of the abbreviation
Enter new principal offices address, if applicable:	136 North Hudson S	Street, Suite A:
(Principal office address MUST BE A STREET ADDRESS)	Orlando, Florida 328	335 SEP - M
Enter new mailing address, if applicable:	P. O. Box 618082	DRIOP
(Mailing address MAY BE A POST OFFICE BOX)	dress MAY BE A POST OFFICE BOX) Orlando, Florida 32861-8082	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:	Enter Flori	ida street address
	<u> </u>	. Florida
	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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Buckner	P.O Box 560272 Orlando, Florida 32856	✓ Add Remove
	_		Add Remove
			Add Remove T SECRIFICATION Remove T SECRIFICATION Remove T SECRIFICATION Remove T SECRIFICATION Remove
D. If ar		change(s) here: (Attach additional sheets, if necessed	Add Remove
	Rhonda Mortimer - General Ma Robert Buckner - Program Mana		
Dated _	February 17	2010 rda Hortinur GM	
		ember or authorized representative of a member Rhonda Mortimer, MGR Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00