

LOS 000084495

2005 JUN 31 A 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

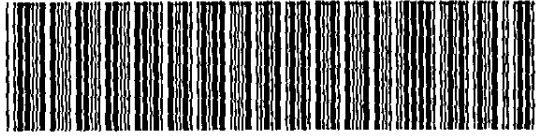
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**FILED**

2005 AUG 31 A 10: 27

**SUBJECT:** RBC LIMITED LIABILITY COMPANY  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Amendment and Fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Colvin

(Name of Person)

RBC Limited Liability Company

(Firm/Company)

5287 Alhambra Drive

(Address)

Orlando, Florida 32808

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Colvin

(Name of Person)

at ( 407 ) 295 -1441

(Area Code & Daytime telephone Number)

Enclosed is a check for 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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2005 AUG 31 A 10:28

RBC LIMITED LIABILITY COMPANY  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FIRST:** The Articles of Organization were filed on August 25, 2005 and assigned  
Document number L 05000084495.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited  
liability company:

1. Remove Ashley Colvin as MGRM.
2. Include Pamela Colvin as MGRM.

Dated August 26, 2005

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert Colvin  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00