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T. HAMPTON APR - 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FUIL CIRCLE ENTER ORISES, LLC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT H. BRUNING (Name of Person)
, (Firm/Company)
2 VALENCIA CIRCLE
DEBARY, FL 32713 (City/State and Zip Code)
/ (613/18211 211 214 6626)
For further information concerning this matter, please call:
ROBERT H. BRUNING at (401) 463-3855 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:
Peristration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULL CIRCLE ENTERPR		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
	1	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number <u>L0600003395</u>	· · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
RHB Enterprises, LLC		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		99 VS
(Principal office address MUST BE A STREET ADD	RESS)	PP ONE
		OF CONTRACT
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>,,, , , , , , , , , , , , , , , , , , </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		r the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street	address)
	, 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 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

	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	**************************************		Add Remove
. If amend	ding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF COR
			3 P
 vated	2		CORPORATIONS 6 PN 2: 05

Page 2 of 2

Filing Fee: \$25.00