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EXAMINER

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SEGRETARY OF STATE
ALLAHASSEE F.STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: RIZPOC LLC Name of Limited Liability Company		
Name of Emilied Diabling Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DENNIS POCHEDLEY Name of Person	2009 OCT -1 PM 12: 16 SECRETARY OF STATE TALLAHASSEE, FLORID	
Firm/Company	RY C	T
218 MOCKINGBIRD LN. Address WINTER SPRINGS, FL, 32708 City/State and Zip Code Demeine Dempinet, het E-mail address: (to be used for future annual report notification)	M 12: 16)F STATE , FLORIDA	C
WINTER SPRINGS, FL, 32708 City/State and Zip Code		
<u> </u>		
For County or in Companying and a construction of the county of the coun	.—	
DENNIS POCHEDLEY Name of Person 4C7 -830 - 8191 018 4C7 -830 - 8191 018 Area Code & Daytime Telephone Number	TIME LL	
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
(additional copy is enclosed) Certified C	of Status &	

MAILING ADDRESS:

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

Florida document number <u>L06000 26.058</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LEC" "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: DENNIS POCHEDLEY Name of New Registered Agent: 218 MOCKINGBIRD LANE New Registered Office Address: Enter Florida street address WINTER SPRINGS, Florida 32708

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

MGR = Manager MGRM = Managing Member **Title** Name <u>Address</u> **Type of Action** GUSTAVO A RIZZETTO 1386 5TH STREET SARASCITA FICRIDA 34236 MGR DENNIS POCHEDLEY 218 MOCKINGBIRD LN PAdd PATRICK ISAACS 2266 CALEDONIAN ST CLERNONT ΠAdd Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated SEPTEMBER Signature of a member or authorized representative of a member POCHEDLEY
Typed or printed name of signee

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:

Page 2 of 2

Filing Fee: \$25.00