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D. BRUCE

NOV 18 2010

EXAMINER

COVER LETTER

Division of Corp				
SUBJECT:	RA	1952, LLC		
	Name of Lin	nited Liability Company	**************************************	
	Amendment and fee(s) are sundence concerning this matter	-		
		Arvey Krise		
Name of Person Arvey's LLC Firm/Company				
		Address Fort Myers, FL 33901		
	E-mail address:	City/State and Zip Code arvey@krisecg.com (to be used for future annual rep	ort notification)	TO NOV I
For further information co	ncerning this matter, please		·	の形式
Name of	vey Krise Person	at (239) Area Code &	340-2563 Daytime Telephone Number	FI :: 55
Enclosed is a check for the	e following amount:			7
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	nclosed) Certified	te 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

RA 1952	, LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea	rs on our records.		
(, ,			
The Articles of Organization for this Limited Liability Company w	11/01/2010	and assig	gned	
Florida document numberL07000045066				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	ty company he	<u>re</u> :		
ARVEY'S	LLC			
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Comp	any," the designation "Ll	LC" or the ab	breviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	al office address MUST BE A STREET ADDRESS)		<u> </u>	
•	·	d.	3 8	<u> </u>
		ြား (၁) (၁)		
Enter new mailing address, if applicable:		الميا الميا	~ 7 1	
(Mailing address MAY BE A POST OFFICE BOX)		ر سر	, a pros	
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			· ~	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	ce address on	our records, enter th	ie name of	the nev
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 MGRM = Managing Member <u>Title</u> Name **Address** Type of Action **MGRM** Reuben Sliva 1306 Burtwood Drive ✓ Add Remove Fort Myers, FL 33901 ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member KR1SE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00