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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

BEF 1 8 2011

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp		·						
SUBJECT:	RGL LLC Name of Limite	ed Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
	Ricardo	OPEZ Name of Person	 					
	<u>R6L</u> ,	Name of Person LLC Firm/Company						
	13615 5.	DIXIE HWY	#114					
	Miami	FI 331716 City/State and Zip Code						
	Store 1541@ E-mail address: (to	THUPS STORE, Co be used for future annual report notifica	COM					
For further information concerning this matter, please call:								
Bicardo Name of	Lope 2 Person	at (305) 25 6 - 0 Area Code & Daytime 1	11. 4 Telephone Number					
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)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

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**

) PH 1.34
RGL, LLC	•		SECRETAF	Y OF STATE
RGL, LLC (Name of the Limited Lin (A Flo	bility Company as orida Limited Liabili	it now appears on ty Company)	out Atch Ats AS	SEE: I FOKIOM
The Articles of Organization for this Limited Liabi		filed on $\sqrt{Q-I}$	3 200 1	and assigned
Florida document number L07000	<u>63355</u>			
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liability o	company here:		
The new name must be distinguishable and end with the "L.L.C."			_	
Enter new principal offices address, if applicabl	e: <u> </u>	Licardo	Lopez	twy#114
(Principal office address MUST BE A STREET A	DDRESS)	13615 5.	DIXIE L	tuy#114
	<u> </u>	miami, 1	7 33171	<u> </u>
77				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or		ddress on our r	ecords, enter	the name of the new
registered agent and/or the new registered office	address here:			
Name of New Registered Agent:	Rica	ardo Lo	pez	
New Registered Office Address:	13615 5	> DIXIE	Huy #	114 Iress
-	100	Enter Fi	lorida street add	lress
<u>.</u>	1811ami		, Florida	33176
	City	y		Zip Code
New Registered Agent's Signature, if changing Regi	stered 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

Page 1 of 2

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			
Mern	Maria I. Garcia	136155 DIXLE HOUFT	Add Remove			
			Add Remove			
	· .		Add Remove 			
<u>. </u>			Add Remove			
			Add Remove			
	- <u></u>		Add Remove			
D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	Our Previous PADITESS	was 12900 sw 74 Aug				
		Mami, [] 33156				
	the new one is ind	icated in the anneady	7 SEE			
		AHA SSI	FILI EP 16 KEIARY			
Dated	9- 15, <u>201</u>	·	LED 16 PM			
	1 Love	· · · · · · · · · · · · · · · · · · ·				
	Signature of a member of Cucario Lopez	r authorized representative of a member	F F			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00