207000063399

	(Requestor's Name)
	(Address)
	,
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	(Document Number)
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2008 OCT -6 P 2: 11
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of Co	rporations			
SUBJECT: rupell h	oldinas IIc.			6
Septen.		ited Liability Company)		u
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	William Rupell		20 SI TAL	
		(Name of Person)	2008 OCT -6 P 2: SECRETARY OF STATALLAHASSEE, FLOR	П
			TARY ASSE	m
		(Firm/Company)	O POR	
	8372 se sunset st.		SIAI	
		(Address)		
	Hobe sound FL. 33455			
		(City/State and Zip Code)		
For further information	concerning this matter, please c	ail:		
William Rupell		at (772) 546-1603		
(Name	of Person)	(Area Code & Daytime T	elephone Number)	
Enclosed is a check for t	he 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 enclo	osed)

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

TO:

Registration Section

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**

Rupell Holdings LLC.				
(Name of the Limited	Liability Company Florida Limited Lia	y as it now appears on our ability Company)	· records.	_
The Articles of Organization for this Limited L	iability Company v	vere filed on 06/21/2007	ar	d assigned
Florida document number L07000063399	· ·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite	d Liability Company," the	designation "LLC" o	r the abbreviation
Enter new principal offices address, if applic	cable:	8372 se sunset st. Hob	e Sound FL. 33455	
(Principal office address MUST BE A STREL	ET ADDRESS)			······
				
			Z008 SECK	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		HAS	<u> </u>	
Mighting dagress MAT BE A POST OFFICE		SEE.		
			م مرتز	M
B. If amending the registered agent and registered agent and/or the new registered o			ords, enter the ha	me of the new
TOLUNION WEST HIM OF THE MET I VERSION OF	inov padross nor o		A	
Name of New Registered Agent:	William Rupell			<i>.</i>
New Registered Office Address:	8372 se sunset	st.		
		(Enter Flo	rida street address)	
	Hobe Sound		, Florida <u>33455</u>	
		(City)	(Zi _l	o 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)

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>Address</u> <u>Name</u> **Type of Action** MGR William Rupell 8372 se sunset st. Hobe Sound, FL> 33455 ■7 Add Remove Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 25 Signature of a member br authorized representative of a member William Rupell
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00