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T. CLINE

MAR 25 2008

EXAMINER

COVER LETTER

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FLORIDE STATE STATE of Status & Copy copy is enclosed)	Û
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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

RMT	Holdinas	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records, la Limited Liability Company) [O/23/O	7
The Articles of Organization for this Limited Liability	- / - - - - - - - - - - 	and assigned
Florida document number <u>LO7000 10</u>	1880	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the vull.L.C."	words "Limited Liability Company," the designation "L	.LC" or the abbreviation
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:	· 	
New Registered Office Address:		SEC
	(Enter Florida street add	treat R 2
	, Florida	ν ₂ + 1
	(City)	(ZipCode) III
New Registered Agent's Signature, if changing Register	ered Agent:	l: 25 TATE ORIDA
I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	and complete performance of my duties, and I a l agent as provided for in Chapter 608, F.S. Or, ered office address, I hereby confirm that the lin	m familiar with and if this document is

(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

Title Type of Action <u>Name</u> **Address** Mark Reiser Mark Reiser M6RM Remove Remove Add Remove Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary zed representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00