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2010 MAR 29 PM 4: 16 SECRETARY OF STATE

C. LEWIS

MAR 3 0 2010

EXAMINER

COVER LETTER.

TO:		ration Sec n of Corp	ction poragions	pea	•		.*	
SHRIE	·CT·	RUE	SCHE ALLEGIANO	CE OF DEC	0 & 0	DESIGN	, LLC	
SUBJE	Name of Limited Liability Company							
The end	closed Ar	ticles of A	Amendment and fee(s) are sub	mitted for filing.				
Please	return all	correspor	ndence concerning this matter	to the following:				
	JEANNETTE BARONE							
Name of Person								
CONFIDENTIA					OUNTI	NG, INC	•	·
Firm/Company								
	P O BOX 3276							
	Address							
			APO	LLO BEACH	, FL 3	3572		
				City/State and Z	•			
			CACCOUN E-mail address: (t	ITING@TAM to be used for futur	PABA e annual r	Y.RR.CO eport notifica	M tion)	<u> </u>
For fur	ther infor	mation co	oncerning this matter, please c	all:				
		JEANN	ETTE BARONE	at (_81	3 \	6	41-3603	3
Name of Person						& Daytime T	Celephone 1	Number
Enclos	ed is à ch	eck for th	e following amount:					
\$25	i.00 Filing	g Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Fili Certified (additional	Сору	s enclosed)	Co Co	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
			NG ADDRESS:			r/COURIE	R ADDRI	ESS:
Division o			ation Section n of Corporations	1	Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL				Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				*

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 MAR 29 PM 4: 16

RUESCHE ALLEGIANCE OF DECO & DESIGN, LARCRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records). AHASSEE, FLORIDA (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	11-19-2007	and assigned			
Florida document numberL07000116675						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :				
RUESCHE INT						
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation			
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 o	ffice address on a	ur records enter t	he name of the new			
registered agent and/or the new registered office address he	re:	ui records, <u>circi c</u>	no name of the new			
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	. Florida	, Florida Zip Code				
	City		Zip Code			
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>					
		1. I.C. d.				
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com						
accept the obligations of my position as registered agent as	provided for in Cl	hapter 608, F.S. Or,	if this document is			
being filed to merely reflect a change in the registered offic	e address, I hereby	confirm that the lin	nted liability			

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action** Title <u>Name</u> Address ☐ Add Remove Add [Remove Remove Add Remove □Add Remove ∏Add __Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 24 2010 Dated _____ Signature of a member or authorized representative of a member JEANNETTE BARONE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00