L080000/6333

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(Address)				
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SECRETARY OF STATE FALL AHASSEE, FLORIDA

T. CLINE
SEP 1 6 2011
EXAMINER

COVER LETTER

Division of Cor	porations					
SUBJECT:	RC E	efense LLC				
 	Name of Limited Liability Company					
•						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
		Ráchel Cabrero				
						
Name of Person						
	RC Defense LLC					
Firm/Company						
	4047 NW 89th Way					
	Address					
	Hollywood, FL 33024					
City/State and Zip Code						
rcdefense@gmail.com E-mail address: (to be used for future annual report notification)				AS AS		
For finites information a	oncerning this matter, please o	anlle.		SEE SEE		
roi further information &	oncerning this matter, please t	an.		OF STA		
Rad	chel Cabrero	at (_954_)	652-8441			
Name of	f Person	Area Code &	652-8441 Daytime Telephone Number	AGE AGE		
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is each	nclosed) Certified C	of Status &		

MAILING ADDRESS:

Registration Section

TO:

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**

RC D	EFENSE LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear mited Liability Company)	rs on our records.)	
(**************************************			
The Articles of Organization for this Limited Liability Co.	mpany were filed on	02/14/2008	and assigned
Florida document number L08000016333			
Piorida document number	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ad liability company hor	***	
A. It amending hame, enter the new hame of the finno	eu nabinty company nei	<u>'e</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
L.L.C.			- -
Enter new principal offices address, if applicable:			26 32 A
(Principal office address MUST BE A STREET ADDRE	(225)		목R K T
Timepur office dudities 12001 BETTSTALBETTEDAL			ASA -
			S
			<u>~~</u> ≥~ []]
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			> 60
B. If amending the registered agent and/or register	red office address on a	ur records enter th	a name of the new
registered agent and/or the new registered office addre		our records, enter th	to name or the new
NI CNI Production I A			
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
	City	, Florida	Zip Code
N. B	Cuy		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 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 Type of Action Title <u>Name</u> Address MGR Rachel Cabrero 4047 NW 89th Way ☐ Add Hallywood, FL 33024 ₹ Remove Michael Hoeltzel MGR 4047 NW 89th Way **✓** Add Hollywood, FL 33024 Remove MGRM Rachel Cabrero 4047 NW 89th Way ✓ Add Hallywood_FL 33024 Remove ☐ Add Remove Remove Romove 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

Rachel Cabrero
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00