108000021437

(F	Requestor's Name)			
(F	Address)			
(<i>P</i>	Address)			
(0	City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·		
PICK-UP	☐ WAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
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Office Use Only



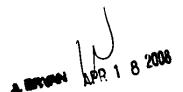
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DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS



J. BRYAN

MAY - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RJ Tolerational RCC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cove a Associates (Firm/Company)
225 S. 215t Ave 8 1555 Ave
Hollywood, FL 33020 5 PER (City/State and Zip Code)
For further information concerning this matter, please call:
Ti Ffony J. Eaton at 954 921-1121 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(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



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2008

TIFFANY J EATON ESQ COVE & ASSOCIATES 225 S. 21ST AVE. HOLLYWOOD, FL 33020

SUBJECT: RJ INTERNATIONAL LLC

Ref. Number: L08000021437

OB MAY -5 PH 4: 13

We have received your document for RJ INTERNATIONAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Form not complete not sure what you are amending. If you are trying to add someone to the LLC you have to list full name of person and address with the title manager or managing member, we don't list members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 508A00023378

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	<u> </u>	-
New Registered Office Address:		
	(Enter Fl	orida street address)
<u> </u>	, Florida	
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

"L.L.C."

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

Title	<u>Name</u>	Address	Type of Action
Nember	Marcas Azabache	4302 NE 5th Ave Ft. Land., FL 33334	X *Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add ON SECRE
D. If amending	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	OF CH
			OF STATE OR ORPORATIONS PM 4: 1.3
			-
Dated	1 100	>	
_	Renaldo r	authorized representative of a member i e ves printed name of signee	Meuber

Page 2 of 2

Filing Fee: \$25.00