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SECRETARY OF STATE

T. HAMPTON

DEC 1 6 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT:	RAP STUC	eco uc	-		
102 () () () ()	(Name of Limi	ted Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	LYUBA YO				
		(Name of Person)			
	COLLEGE, TAX AND	RETIREMENT STRATEGIES LI	LC		
		(Firm/Company)	-		
	3110 SPRING GLEN	3110 SPRING GLEN RD			
		(Address)			
	JACKSONVILLE FL 32207				
		(City/State and Zip Code)			
For further information	concerning this matter, please c	aft:			
· LYUBA	YOUNG	as 904 \ \\ 396~6777			
	e of Person)	at (904) 396-6777 (Area Code & Daytime T	'elephone Number)		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAP STU				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on nited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Com- Florida document number	npany were filed on <u>Mare</u>	h //, KOO8 and assig	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC" or the al	obreviation	
Enter new principal offices address, if applicable:			<u></u>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	80	33 <u>55</u>	
		<u> </u>	<u> </u>	
		-5	HANT.	
Enter new mailing address, if applicable:		P	39.50	
(Mailing address MAY BE A POST OFFICE BOX)		2	25 25 25 25 25 25 25 25 25 25 25 25 25 2	
		18	31)	
			<u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		records, enter the name of	the new	
registered agent and/or the new registered ornce address	<u> </u>			
Name of New Registered Agent:			<u>_</u>	
New Registered Office Address:				
	(Enter	(Enter Florida street address)		
		, Florida		
	(City)	(Zip Code	e)	

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)

.. Is 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> Type of MANN VIKTOR KOVALYUK 2102 Ardencroft Dr Add Jacksoni'u FL 36246 ARM <u>Name</u> **Address** Type of Action 8320 Bryon Bul Apt 5 Add Jacksorwill Fl 33141 Remove _ Add **□** Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 10, 2008 Signature of a member or authorized representative of a member ANDRIV HALAMAY
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00