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JUL 21 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RS ALL SOLUTIONS LLC. (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:	
Paulo R. Ungaro (Name of Person)	
Same as Above (Firm/Company)	
407 Windsor Estates Drive (Address)	
Davenport, FL 33837 (City/State and Zip Code)	E STATE OF THE STA
For further information concerning this matter, please call:	<u></u>
Paulo R. Ungaro at (321) 413-1446 (Area Code & Daytime Telephone Number)	PH 1: 34
Enclosed is a check for the following amount:	
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

BS ALL Solutions, LLC.
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 03/19/08. and assigned Florida document number LO8/000028632
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Goal Enterphises USA LLC. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Devenport, FL 33837.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Daven port, FL 33837.
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:
New Registered Office Address: 407 Windsox Estates (Enter Florida street address)
New Registered Office Address: 407 Windsox Estates (Enter Florida street address) Daven port, Florida 33837 (City) (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 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 = Ma MGRM'= I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
<u>-</u> '`			Add Remove
			Remove
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			Add
			Remove
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D. If amen	ding any other information, e	nter change(s) here: (Attach additional shee	ets, if necessary.)
_			
Dated	uly 15	, 2008	
	Signature	of a member or authorized representative of a me	ember
		Paulo R. Ungaro Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00