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SECRET

J. BRYAN

APR 1 8 2011

EXAMINER



## **COVER LETTER**

TO: Registration Section
Division of Corporations

RMC Of Central Florida LLC

SUBJECT:		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		Zachary Shair		
Name of Person				<u></u>
Republic Metals Corporation				ASSES TO
	Firm/Company			
12900 NW 38th Ave.				APR 15 PH 2: 49 ECRETARY OF STATE
		Address		700 00
		Opa Locka, FL 33054		WIE ORIDA
		City/State and Zip Code		,-
	z.shair E-mail address: (	@republicmetalscorp.com to be used for future annual report notifications.	ation)	
For further information	concerning this matter, please c	all:		
<del></del>	lason Rubin	at ( <u></u> )	85-8505	
Name	of Person	Area Code & Daytime	relephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

RMC Of Cer	<u>ntral Florida LLC</u>		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	05/06/2008	and assigned
Florida document numberL08000045516			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here	<u>:</u> :	
The new name must be distinguishable and end with the words "I" L.L.C."	Limited Liability Compar	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	•	1 3 T
			ASSI 5
Enter new mailing address, if applicable:			Fig. 32 C
(Mailing address MAY BE A POST OFFICE BOX)			RATE S
			<b>*</b>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street add	lress
	- Clu	, Florida	72 - C - 1
	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	David Comite CPA	12900 NW 38th Ave	Add
		Opa Locka, FL 33054	✓ Remove
<del></del>			Remove
<del></del>			Add Remove
			Add Remove
			Remove
			∏Add
			Remove
			_
			Add Remove
D. 16	l'	(a) b /44	AS =
D. II amend	ling any other information, enter ci	hange(s) here: (Attach additional sheets, if necess	APR 15
_			APR 15 PH 2: CRETARY OF ST LAHASSEE. FLO
			2: 4.5 FLORID
_	April 11	2011	
Dated		0/	
	Signature of a five	mber or authorized representative of a member	
	-	Zachary Shair	
	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00