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SECHETARY OF STATE

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M. Thomas MAY 3 0 2008

COVER LETTER

	tration Section on of Corporations	
SUBJECT: F	RMF Enterprises, LLC (Name of Limited Liability Company)	
The enclosed A	articles of Amendment and fee(s) are submitted for filing.	
Please return a	Il correspondence concerning this matter to the following:	
	CAMERON WHITE	
	(Name of Person)	
	SMITH & WHITE P.A. (Firm/Company)	
	(Firm/Company)	
	6101 GAZEBO PARK PLACE, N. : # 101	2
	JACKSONVILLE, FL 32257	DR MAY 29 AM 11: 06 SECRETARISEE. FLORID TRALLARISSEE. FLORID
	(City/State and Zip Code)	553
For further info	ormation concerning this matter, please call:	OF ST
CAMO	ERON WHITE at 904 733. 7900	>
	(Name of Person) (Area Code & Daytime Telephone 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)

□\$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**

RMF ENTERPRIS	SES, UC
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number 48000050553	ompany were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and end with the word "L.L.C."	Is "Limited Liability Company," the designation "LLC" or the absorbing viation
Enter new principal offices address, if applicable:	FR 2 7
(Principal office address MUST BE A STREET ADDRI	ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ESS) ESS) FILE OF STATE OF STATE
B. If amending the registered agent and/or registe	ered office address on our records, enter the name of the new
Name of New Registered Agent:	ESS NOTE: LITH: WHITE, P.A. 1 GAZEBOPARK PLACE, N. 4/0/ (Enter Florida street address) KSONVIUE, Florida 32257 (City) (Zip Code)
New Registered Office Address: 600	(Enter Florida street address)
Jac	KSONVIUE, Florida 32257
New Registered Agent's Signature, if changing Registered	

I hereby accept the appointment as registered agent and agree to ac 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 Chaptel 608, H.S. Of, if this document is being filed to merely reflect a change in the registered office address, I hereby control 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
 	<u></u>		Add Remove
			Add Remove
			Add Remove
			SECRETARY OF SIME
			TO ME TO THE TOTAL PROPERTY OF THE TOTAL PRO
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if neces:	sary.)
 Dated	5.27 200		
Jated	amerga 1	7.7/// 4	4
		r or authorized representative of a member	AGENT

Page 2 of 2

Filing Fee: \$25.00