L08000074254

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SECRETARY OF STATE
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C. LEWIS

APR 3 0 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Pa	(Name of Lim	ited Liability Company)	····
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Ray	(Name of Person)	
		(Firm/Company)	
	Zuo SE	5 th Aue # 203 (Address)	·
	Daniel	Stack FL 3300 (City/State and Zip Code)	94
For further information of	oncerning this matter, please c	all:	
May G	of Person)	at (954) 554 - 5 (Area Code & Daytime T	iclephone Number)
Enclosed is a check for the	ne 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

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Pack and Go T	ravels, LLC	SECRETARY OF STATE ON OUR FEOTOS. SECRETARY OF STATE OF STATE OF STATE OF STATE OF STATE
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	on our records.
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>A</u> ~	م. المسلم and assigned
Florida document number L0800007425	<u>4</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
RMG Claim Recovered The new name must be distinguishable and end with the work	y, LLC.	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR)	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registored agent and/or the new registered office addr		r records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Ente	r Florida street address)
		, Florida(Zin Code)
	(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>	Address	Type of Action
m GRM	Luz K. Oliveros	1300 Sheridan St. #115 Hullywood FL 33021	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_
	-		
			209 AP
Dated	May M. M. Signature of a member	Sulum TII. er or authorized representative of a member	FILEU 2009 APR 29 PM 12: 38 SECRETARY OF STATE TAULAHASSEE, FLORID
	Maynord M Types	M. Gruber III d or printed name of signee	HIZ: 38

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Filing Fee: \$25.00