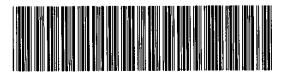
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(Re	equestor's Name)	
(Ad	dress)	<u></u>
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
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Special Instructions to	Filing Officer:	

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2015 MAR 19 PM 12: 55

MAR 3 0 2015 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 549415 7952416

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: March 16, 2015

ORDER TIME : 8:39 AM

ORDER NO. : 549415-005

CUSTOMER NO: 7952416

DOMESTIC AMENDMENT FILING

NAME: RS PROMOTIONS , LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

COVER LETTER

	ition Section of Corpora				
SUBJECT: Rs	Promotion	ns , LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed Arti	icles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all c	orresponder	nce concerning this matter	to the following:		
	-		Name of Person		_
	-		Firm/Company		_
	-		Address		_
	-		City/State and Zip Code		_
	<u>p</u>	rospernow09@gmail.c E-mail address: (1	com to be used for future annual re	eport notification)	
For further inform	nation conce	rning this matter, please ca	all:		
	Name of Per	son	at ()	Daytime Telephone Numb	
Enclosed is a chec	ck for the fo	llowing amount:			
□ \$25.00 Filing	Fee [1 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific (sed) Certific	Filing Fee, tate of Status & ed Copy al 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2015

CSC COURTNEY WILLIAMS

SUBJECT: RS PROMOTIONS, LLC

Ref. Number: L08000114617

RESUBMIT

Please give original submission date as file date.

We have received your document for RS PROMOTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L15000015780.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 415A00005639

2015 MAR 19 PM 12: 5:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rs Promotions, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lifu company bere-	
E&R Creations LLC	nty tompany nere.	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L,L €."
Enter new principal offices address, if applicable:		-1 N
(Principal office address MUST BE A STREET ADDRESS)		
(Frincipia office address MOST BE A STREET ADDRESS)		
		ASS ASS ASS
P. (<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:		the name of the n
	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
·	Enter Florida street address	•
	, Florida	
· · · · · · · · · · · · · · · · · · ·	City	Zin 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or. Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Enid Roder	1542 Pennwood Circle N. :	Add
	·	Clearwater, FL 33756	□ Remove
,		· · · · · · · · · · · · · · · · · · ·	□ Add
			☐ Remove
			☐ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
<u></u>			TALL Add 5 MAR ADD REPORT TO A HAR
			ZUSMARWI 9 PH 12: \$5 ACTERE DARY OF STAD TALL AHASSEE, FLORIG
			□ Remove
			Remove

D. If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
•	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and	(optional)
the date this document is filed by the Florida Department of State)	cannot be more than 90 days after
Dated	
Qlu Dec	
Signature of a member or authorized represe	entative of a member
ROBERT RODER	
Typed or printed name of si	DINCA

Page 3 of 3

Filing Fee: \$25.00

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