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F. HAMPTON

APR 1 1 2011

EXAMINER

COVER LETTER

Division of Co	грогацов				
SUBJECT:	Real Riggi	ing Solutions LLC			
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		F Williamson			
		Name of Person			
,	Rea	al Rigging Solutions LLC			
		Firm/Company			
	113 Spring Chase Circle				
		Address			
	Altamonte Springs Fl 32714				
	City/State and Zip Code				
	FrankW1234@gmail.com E-mail address: (to be used for future annual report notification)				
		•	aton)		
For further information	concerning this matter, please of	call:			
Fra	nk Williamson	at (407) 8 Area Code & Daytime 1	691861		
Name	of Person	Area Code & Daytime T	Celephone Number		
Enclosed is a check for t	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:

TO:

Registration Section

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

TO SECRETARY OF STATE SECRETARY OF STATE OF OF

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Real Rigging S	Solutions LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	01/22/2009	and ass
Florida document number L0900006859			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and end with the words "Limi" "L.L.C."	ited Liability Comp	any," the designation "I	LC" or the &
Enter new principal offices address, if applicable:	ncipal offices address, if applicable: 183 Canterclub Trail		
(Principal office address MUST BE A STREET ADDRESS)	Longwood FI,32779		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter t</u>	he name q
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street add	ress
		, Florida	
	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 comp the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or. if this docu being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabili 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 or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Type of. **Address Title Name** ☐ Add Remo ☐ Add Remo ☐ Add Remo' Add Remo ∏Add Remov ∏Add Remov D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

F Williamson

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00