## L09000011563

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10 JAN 25 PH 1: 56 SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Division of C	Section orporations				
SUBJECT: R&W SUBSIDIARIES LLC					
SCHOLETT	Name of Lim	ited Liability Company			
	of Amendment and fee(s) are su				
	W	WARREN D HEMMINGER Name of Person			
		Firm/Company			
		Address			
	<u></u>	FT PIERCE FL 34951			
	rl	City/State and Zip Code hemm03@yahoo.com			
For further information	E-mail address:	(to be used for future annual report notification)			
REN	AE HEMMINGER	at ( 772 ) 204-2620			
Nam	e of Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 shassee, 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

FILED 10 JAN 25 PM 1:56

BRECK INDUSTRIES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number L090000715		7/24/09	and assigned	
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company he	re:		
· R&	W SUBSIDIARIES LLC			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	<u>.                                    </u>			
New Registered Office Address:				
	Enter Florida street address			
	, 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 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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	····		AddRemove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necesso	ary.)
 - 			FILED  10 JAN 25 PM  SECKLIANT OF TALLAHASSEE, F
Dated	NOVEMBER 2	2009	1 1:56 STATE FLORIDA
	٧	NAME OF A MEMORIZED REPORT OF A MEMORIZED RE	

Page 2 of 2

Filing Fee: \$25.00