

UD9 000091358



(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900163391049

12/11/09--01011--013 \*\*30.00

FILED  
2009 DEC 11 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

DEC 14 2009

EXAMINER

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RSJ VENTURES, 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 Liability Company were filed on 9/21/09 and assigned  
Florida document number L09000091358.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3585 Laurel Greens Lane N. #203

**(Principal office address MUST BE A STREET ADDRESS)**

Naples, FL 34119

Enter new mailing address, if applicable:

P.O. Box 110871

**(Mailing address MAY BE A POST OFFICE BOX)**

Naples, FL 34108

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Blair Swiler

**New Registered Office Address:**

3585 Laurel Greens Lane N. #203

*Enter Florida street address*

Naples

Florida

34119

*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.*

*[Signature]*  
**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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Matthew P. Aschatz	1311 Noble Heron Way Naples, FL 34105	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGMR	BLAIR J. SWILER	3585 LAUREL GREENS LN. #203 NAPLES FL 34119	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGMR	DENNIS RIEDEL	5711 NEWMAN ROAD ST. CLAIR, MI. 48079	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

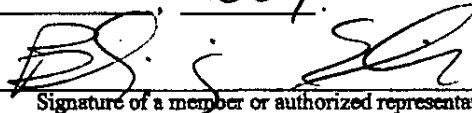
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

12-10

2009



Signature of a member or authorized representative of a member

BLAIR J. SWILER

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 11 AM 11:19

FILED