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EXAMINER



400181318684

05/27/10--01029--003 **30.00

30 MAY 28 PM 3: 12

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Rilly Financial Company Name of Limited Liability Company	216				
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Person 6					
Lagacy Retirement Firm/Company	1 Orang ECC				
PoBox 360 Address					
Address					
City/State and Zip Cod					
E-mail address: (to be used for future annu	al report notification)				
For further information concerning this matter, please call:					
Name of Person 6 at (83)	SOS-2620 ode & Daytime Telephone Number				
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy)					

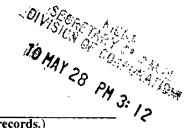
MAILING ADDRESS:

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



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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on

The Articles of Organization for this Limited Liability Company were filed on 11-10-2007 and assigned Florida document number 4090000 846.4

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim	6100p. 1. L.C.
The new name must the distinguishable and end with the words "Lim" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	236 Sanctury Drive
(Principal office address MUST BE A STREET ADDRESS)	Cyctal Sent, F2 34681
Enter new mailing address, if applicable:	1080x 360
(Mailing address MAY BE A POST OFFICE BOX)	Crystal Beach Fl

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:

New Registered Office Address:

Enter Florida street address

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
	···		Add Remove
			Add Remove
			□Add □Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_			_
 Dated	5/21/ ,201		
	Signature of a melmber	or authorized representative of a member	
	Typed Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00