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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	···
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COVER LETTER

Division of Corpo			
SUBJECT:	ESCUE Morts Name of Limit	Age Dweston Ced Liability Company	د
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	R	udy Callattan Name of Person	
	RESCU	re morting / In	restons LLC
	195	S. Westmate 1 Address	DR # 1128
	ALTA	City/State and Zip Code	F132714
	Rudy (E-mail address: (to	DESCUE - MI. Con be used for fiture annual report notification	on)
For further information con	ncerning this matter, please ca	ıll:	
Rudy Name of	Person	at (HO) 461-71 Area Code & Daytime Te	elephone 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 is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 DEC 31 PH 3: 36

RESCUE MA	otance/Investors CLERIARY OF STATE
. (<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.
	ity Company were filed on 12 02 2009 and assigned
This amendment is submitted to amend the followir	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	»:
(Principal office address MUST BE A STREET A	DDRESS)
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	registered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
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 = Manager

MGRM = Managing Member <u>Title</u> **Type of Action** <u>Address</u> <u>Name</u> Rudy CALLAHAN 935 OASIS Ct. ApopKa, Fl 32712 Remove Remove Remove Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dat	ed
Dai	
	Signature of a member or authorized representative of a member CAULAL Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00