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EXAMINER



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COVER LETTER

Registration Section

TO:

Division of Corporations					
SUBJECT:	BS ENTERPRISE	es ILC			
	Name of Limit	ted Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	1	.1 0			
	Robert	H. Stabe Jr. Name of Person			
•					
	RDBS	ENTERPRISES LLC			
		Firm/Company			
	245	14 TI AVE			
245 14 ^{TL} AVE Address					
	1/ /	1 1 El 22212			
	VERO B	City/State and Zip Code			
		1			
Stabe 4@aol.Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Robert H. Sta	ABE JR.	at (22) 360 - 289 Area Code & Daytime To	/3		
Name of Pe	erson	Area Code & Daytime To	elephone Number		
Enclosed is a check for the f	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status &		
MAILING Registratio	G ADDRESS: on Section	STREET/COURIER Registration Section	ADDRESS:		
Division o	f Corporations	Division of Corporation	ons		
P.O. Box of Tallahasse	6327 se, FL 32314	Clifton Building 2661 Executive Cente	r Circle		
. 4.104 (8000		Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDBS ENTERPRISES 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 FEBRUARY 19Th, 2010 and assigned Florida document number 4/0000/8435 (Effective March 1,2010) 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 adi City 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 age 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

If Changing Registered Agent, Signature of New Registered Agent

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, 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>	Address	Type of Action
MGRM	DeboRAH D. KREBS-STABE	J45 14 TAUE Vieo BEACH, FL J2962	Add Remove
MGRM	Beitlany L. STABE	245 19 TAVE VIRO BEACH, FL 32962	Add Remove
			Add Remove
D. If amer	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	ary.)
			
Dated	3/2/2010 ,		 Tas ==
	Signature of a member	or authorized representative of a member	IO MAR -5 SECRETARY
	Robert H. St.	or printed name of signee Page 2 of 2	PH 4: 16 FEEFLORID
	F	iling Fee: \$25.00	A