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SECRETARY OF STATE
AND ASSEEF FLORIOR

J. BRYAN

FEB 28 2011

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RAPIENVIOS UNI	<u>VERSAL L</u>	<u>LC</u>	 120 1
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company w	ere filed on	03/01/2010	and assigned
Florida document number L10000022350			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company her	<u>re</u> :	
P/A			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		N & E	<i>y</i> →
(Principal office address MUST BE A STREET ADDRESS)			
-			B 2
		•	E P M
Enter new mailing address, if applicable:		u A	70
(Mailing address MAY BE A POST OFFICE BOX)			TATE OR DE
-			<u> </u>
B. If amending the registered agent and/or registered office	a adduses an e	our records enter	the name of the new
registered agent and/or the new registered office address here:	e address on c	our records, enter	the name of the new
	.l		
Name of New Registered Agent:	MN		
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	itv		7in 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

Title	anaging Member Name	<u>Address</u>	Type of Action
MGR	INES CLEMMER	3717 CARIOCA RD HOLIDAY, FL 34691	Add ✓ Remove
MGR	MARISOL VARGAS P	7019 SILVER WOOD DR NEW PORT RICHIE, FL 34654	
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
		ALLAPASSEE	FIL 11 FEB 25
Dated		F STATE F LORIDA	ED PM 1:23
	INES	er or authorized representative of a member CLE h HER d or printed name of signee	

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