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FILLED SECRETARY OF SHATE, BYVISION OF BURPHINATIONS:

T. HAMPTON
JAN 1 1 2011
EXAMINE

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT:	AICC F	RUBICON LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.		
Please return all corre	espondence concerning this matter	to the following:		
		Bruce Brandt Name of Person		
	4	AICC RUBICON LLC		
		Firm/Company		
	9702 Universal Blvd., #310			
		Address		
		Orlando, FL 32819 City/State and Zip Code		
	E-mail address: ()	bbrandt@aiccrubicon.com E-mail address: (to be used for future annual report notification)		
For further informatio	on concerning this matter, please c	•	······································	
	Bruce Brandt	at (_914_)	413-1150	
Nam	ne of Person .	Area Code & Day	time Telephone Number	
Enclosed is a check fo	or the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

ARTICLES OF ORGANIZATION SECRETARY OF SHATE **OF**

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*FILEU

(Name of the Limited Lia (A Flo	CC RUBICON LLC bility Company as it now appeared Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liabil	· · ·	12/9/10 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(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 r registered agent and/or the new registered office		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Eni	er 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 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 **Title Type of Action** Name **Address** Membe Antonio De Cuntis 9702 Universal Blvd. #302 ✓ Add Orlando, FL 32819 Remove □ Add Remove ☐ Add Remove Add Remove ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Bruce Brandt, Managing Member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00