Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000362 Phone : (323)962-8600

: (323)962-3889 Fax Number

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Email Address:

FLORIDA LIMITED LIABILITY CO. **RVDP Enterprises, LLC**

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COVER LETTER

	egistration Sectivision of Corp					
SUBJECT	RVDPE	NTERPRISES, LLC				
SUBJECT	·	(Name of Lim	ited Liability Company)	**************************************		
		Amendment and fee(s) are sub	-			
		lmelda Vasquez				
			(Name of Person)			
	Legalzoom.com, Inc.					
			(Firm/Company)			
100 W. Broadway Suite 100						
			(Address)			
		Giendale, CA 91210	I		2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
			(City/State and Zip Code)			
For further	information co	oncerning this matter, please o	ealt:		23 23	77300
Imelda \	/asquez		at (323) 962-8600 ext	7950	PH 12:	17
	(Name o	f Person)	(Area Code & Daytime Te	(ephone Number)	2: 44 DRIDA	: :
Enclosed is	a check for th	e following amount:				
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fce & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional c	f Status &) .

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

RVDP ENTERPRISES, LLC				
(Name of the Limited Liab) (A Flori	ility Company as it now appears on ou da Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liabilit Florida document number L11000019936	y Company were filed on	and assigned		
		,		
This amendment is submitted to amend the following	g	2 2 3 0		
A. If amending name, enter the new name of the	imited liability company here:			
Central Florida College Planning, LLC		23		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "EbC or the abble Value		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ords, enter the name of the new		
Name of New Registered Agent:				
New Province of Office Address.				
New Registered Office Address:	(Enter Flo	(Enter Florida street address)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Regist	ered 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

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 = Ma MGRM = N	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
	<u> </u>		Add Remove
	***************************************		Add Remove
			Add Remove
			Add
 			OC Add
			Act Act
D. If amend	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessor	ary.)
			
Dated	,,		
	<i>()</i>	per or authorized representative of a member Richard Vega	
	Угур	ed or printed name of signee	

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