## #///00050014

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(City/	State/Zip/Phone	- ∍#)
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SCURLIARY OF STATE
ALL MIASSEP FLORIDA

K.SALY EXAMINER DEC - 3 2012

## COVER LETTER

TO: Registration Section Division of Corp			
CLID IECT.	R-PIC, LLC		
SUBJECT:		ed Liability Company	. <del>.</del>
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:	
	Timothy J. R	aymond	
		Name of Person	
	R-PIC, LLC		
		Firm/Company	
	28W570 Pan	nela Ct.	
		Address	
	West Chicag	o, IL 60185	
		City/State and Zip Code	
	lindaraymond200		
		be used for future annual report notification	on)
For further information cor	ncerning this matter, please ca		
Tim Raymor	nd	<sub>at (</sub> 630 <sub>)</sub> 602-1212	2
Name of I	Person	Area Code & Daytime Te	lephone 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 ARTICLES OF ORGANIZATION **OF**

12 NOW FILED
12 NOV 30 PH 4: 07
ALLANASSEE, FLORIDA

R-PIC, 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 onA	pril 27, 2011 and assigned	Į
Florida document number L11000050014		_	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ted Liability Compa	ny," the designation "LLC" or the abbrev	 viation
Enter new principal offices address, if applicable:	28W570 Par	nela Ct.	
(Principal office address MUST BE A STREET ADDRESS)	West Chicag	o, IL 60185	
	<del> </del>	, W. Gar	
F-ton - on - mailing address if applicable.	28W570 Par	nela Ct.	
Enter new mailing address, if applicable:	West Chicag		
(Mailing address MAY BE A POST OFFICE BOX)	11001 0111009	0,12 00100	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter the name of the</u>	: new
Name of New Registered Agent:			
New Registered Office Address:	· <del></del> ·	· · · · · · · · · · · · · · · · · · ·	
	En	ter Florida street address	
	· · · · · · · · · · · · · · · · · ·	, Florida Zip Code	
	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>	<u>Name</u>	Address	Type of Action
MGRM	Linda Raymond	28W580 Pamela Ct.	_ Add
		West Chicago, IL 60185	Remove
			_
	<del></del>		Add
			Remove
			_
			_
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

<b>D.</b> 1	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Date	November 26 2012
	Sother J. Ray
	//signature of a member or authorized representative of a member Timothy J. Raymond
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00