

L11000096050

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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12 FEB 13 AM 10:25

FILED
STATE OF OHIO
DEPT. OF COMMERCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Family Dollar 2 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FILED
REGISTRATION SECTION
12 FEB 13 AM 10:26

James E. Bridges
Name of Person

Rebco Ventures LLC
Firm/Company

202 N. Tamiami Trail
Address

Sarasota Florida 34236
City/State and Zip Code

ksmith@lubeofsarasota.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Smith at (**941**) **954-0200**
Name of Person Area Code & Daytime Telephone 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
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
12 FEB 13 AM 10:26

Family Dollar 2 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 08/19/2001 and assigned
Florida document number L11000096050

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rebco Ventures 2, LLC

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:

202 N. Tamiami Trail

(Principal office address MUST BE A STREET ADDRESS)

Sarasota Florida 34236

Enter new mailing address, if applicable:

202 N. Tamiami Trail

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota Florida 34236

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 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 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:

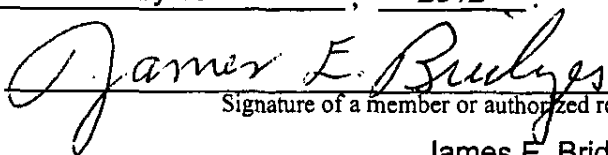
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated January 16, 2012



Signature of a member or authorized representative of a member

James E. Bridges

Typed or printed name of signee