(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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EXAMINER



300230068333

04/19/12--01012--009 **25.00

COVER LETTER

TO: Registration Division of C			e. No. of the state of the sta	s Sp:
SUBJECT:	TO	RCOM LLC		
N ₂₄	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
,		Torre Graham		
		Name of Person		
	•	TORCOM LLC		
•		Firm/Company		-
		33 Panda ave		
		Address		
		Middleburg, FL 32068		-
•		City/State and Zip Code		
	E-mail address:	torre@flwinet.com (to be used for future annual report	notification)	
For further information	concerning this matter, please	call:	,	
Mel	issa Christensen	at (813)	345-1129	
Name	e of Person		ytime Telephone Numbe	r ·
England's all of C	4 6 9		•	
	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of 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

	OM LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea	rs on our records.)			
(A Fiorida Ellinica	Elaonity Company)				
ne Articles of Organization for this Limited Liability Company were filed on4-11-2		4-11-2012	2012 and assigned		
Florida document number L12000049445					
	•				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	re:			
The new name must be distinguishable and end with the words "Lin "L.L.C."	nited Liability Comp	any," the designation	"LLC" or the a	lbbreviatio	
Enter new principal offices address, if applicable:			を		
(Principal office address MUST BE A STREET ADDRESS)	•		P	Lil	
			7 1 9	(m)) (C. Mary	
	· · · · · · · · · · · · · · · · · · ·		0)'"	m	
Enter you weiling address if applicable.			是		
Enter new mailing address, if applicable:			3 0		
(Mailing address MAY BE A POST OFFICE BOX)					
D. If amonding the projectived around and/on projectived	CC ddus		4h	£ 4b =	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		our records, <u>enter</u>	tne name o	i the nev	
	_				
Name of New Registered Agent:					
New Registered Office Address:	F	ter Florida street aa	Iduana		
	En	ner Fioriau sireel aa	uress		
		, Florida _	<u> </u>		
	City		Zip Code	ı	

New Registered Agent's Signature, if changing Registered Agent:

Ċ

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 <u>Title</u> <u>Name</u> Type of Action **Address MGRM** Torre Graham 33 Panda Ave Middleburg, FI 32068 ✓ Add ☐ Remove ☐ Add Remove ☐ Remove □ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 17 2012 Signature of a member or authorized representative of a member Melissa Christensen Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00