L130000 17420

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, , , ,	
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SECRETARY OF STATE TALLAHASSTE. FLORE

JUL 1 9 2016 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
SUBJEC		TERPRISES LLC		
SUBJEC	· I ·	Name of Lim	ited Liability Company	- · · · · · · · · · · · · · · · · · · ·
		Amendment and fee(s) are sub		
		RYAN P. CURRIE		TALLANASSEE PH 2: 54
			Name of Person	
		RBFT ENTERPRISES LL	.C	JUL 18 PH 2
			Firm/Company	
		2872 WARRIOR DRIVE		
			Address	
		MIDDLEBURG, FL 3206	8	
		RYAN@4REELGEAR.CO	City/State and Zip Code	
		-	to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please c	all:	
RYAN P	. CURRIE		904 412-2986 at ()	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	INC ADDDESS.	CTDEET/COURT	ER ADADEGG.

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

RBFT ENTERPRISES LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) Ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/04/2013	and assigned
Florida document number L13000017420	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
		TAL
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	O 11/2
		PH 2: 54
		2: 5
Enter new mailing address, if applicable:		F 9
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our records, e	enter the name of the ne
registered agent and/or the new registered office ad		
Name of New Registered Agent:		
New Registered Office Address:		
Two registered office Address.	Enter Florida street address	
	, Floric	ła
_	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MICHAEL F. AKEL	2872 WARRIOR DRIVE	
		MIDDLEBURG, FL 32068	■ Remove
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			□ Add
			Remove 1 STORY SEE TO S
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ffective date, if other than the an effective date is listed, the date muote: If the date inserted in this bocument's effective date on the E	at be specific and cannot be prior to date of fit ock does not meet the applicable statute.	(optional) iling or more than 90 days after filing.) Pursuant to 605.020 ory filing requirements, this date will not be listed a
e record specifies a delaye The 90th day after the rec	l effective date, but not an effe ord is filed.	ective time, at $12:01$ a.m. on the earlier $lpha$
	2016	
JULY 09		
	,	
ated JULY 09 Pyan P. C	Signature of a member or authorized repre	esentative of a member

Page 3 of 3

Filing Fee: \$25.00