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SECRETARY OF STATE

JAN 12 2005 BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RFW GLUBAL 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:
Christine Derossett Name of Person
RFW GLOBAL LCC Firm/Company
4776 Honges Blub Stute 203
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Character Terror at (904) 635-6260
Christine Dercosett at (904) 635-6260m Area Code Daytime Telephone Number 5
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed) \$25.00 Filing Fee Certificate of Status Scriffied Copy (additional copy is enclosed) \$25.00 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

RFW GLUBAL U	C			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)			
The Articles of Organization for this Limited Liability Company we Florida document number <u>レルイののの中の</u> 9番号	ere filed on	<u>'</u>	and ass	mply with the
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbrevi	iation "L.	L.C."
Enter new principal offices address, if applicable: ム人				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: N/ (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, en	nter the	name	of the new
Name of New Registered Agent:		至公	20	
New Registered Office Address:	Enter Florida street address	EATH OF THE PERSON NAMED IN COLUMN 1	NAL 31	T)
		Section		(
	, Florid	7 7 2 7 7 7 2	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	NA	発売	 5	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I ovided for in Chapter 605, F.S.	r ag ree am fami Or, if th	t∁ iliar wit his docı	th and ument is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
rmbr	PAUL BLACK	3539 BUATWRIGHT	Add		
		Way West,	☐ Remove		
		Way West, JACKSONVILLE, F. 32	☐ Change		
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ote: If the date inser	l, the date must be s ted in this block of	pecific and cannot be pr	licable statutory fi	more than 90 days	optional) after filing.) Pursuant to 60, this date will not be lis)5.02 sted
e record specifies The 90th day aft			not an effective	e time, at 12:0	01 a.m. on the earl	ier
ated JANUA	ny 6	,2011	<u>.</u> .			
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Page 3 of 3

Filing Fee: \$25.00