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April 29, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RKS CONVENIENCE LLC 35 KATHY DR. ORMOND BEACH, FL 32176US

SUBJECT: RKS CONVENIENCE LLC

REF: L14000058098

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Karen A Saly Regulatory Specialist II FAX Aud. #: H14000101042 Letter Number: 114A00009036

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TALLAHASSEE, FLORIDA

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TO:

Registration Section

COVER LETTER

Div	ision of Con	porations		
SUBJECT:		VENIENCE LLC		
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	···
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
			City/State and Zip Code	<u></u>
		rshepard14@cfl.rr.com		
			to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please or	ail:	
imelda Vas	squez		323 962-8600 es	kt 7950
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

2014 MAY -8 AM 10: 45
SEURE TARY OF STATE
FALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RKS CONVENIENCE LLC

Page 5 of 7

(Name of the Limited Liability Company as it now appear	
Frame of the transfer clannity Combany at it don appear	CS OR OUR CECOLOS.)
(A Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Com Florida document number <u>L14000058098</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and end with the words "Limite	ed 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 ADDRES	55)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	
	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

To: Page 6 of 7

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR ≈ Authorized Member Title Name <u>Address</u> Type of Action MGR ROBERT I SHEPARD 35 KATHY DR _ 🗆 Add ORMOND BEACH, FL 32176 Z Remove MGR Robert L. Shepard 35 KATHY DR. ____ **⊠** Add ORMOND BEACH, FL 32176 □ Add _D Add _____ Remove _D Add □ Remove

۵.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
	Dated April 22 , 2014.
	so Gal
	Signature of a member or authorized representative of a member Robert L. Shepard
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00