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COVER LETTER

Division of Cor	porations		
SUBJECT: RB/	On the Go	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Lara RDL on t	Ferra CO Name of Person Le Goll C	
		Firm/Company	
	3090 Vi	(1 Myddress)	
	Green Core	Springs, F1.	32043
	E-mail address: (to	bd used for future annual report notifica	ation)
For further information of	oncerning this matter, please call	l:	
LOCO Fe C Name o	f Person	at (<u>904)</u> <u>327-</u> Area Code Daytime T (904) 576-	7407 Telephone Number
Enclosed is a check for the	ne following amount:	(1-11	(- ,,(()
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee.
323.00 Paing rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

RBL ON THE GO	Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>८ /8000 /389/8</u>	ompany were filed on 6/5	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7 017/4
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
Enter new mailing address, if applicable:		7 06 7 00 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7
(Mailing address MAY BE A POST OFFICE BOX)		9 55
		ភ
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		cords, enter the name of the new
Name of New Registered Agent:	····	
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida 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>	<u>Address</u>	Type of Action
AMBR	John A	CRRACO 3090 Vianu	1 Place - Add
		\bigcap \bigwedge	pags F1 Stremove
		32043	Change
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fective date, if other than the dun effective date is listed, the date must	late of filing: _	unot be prior to de	ate of filing or may	opt	ional)	to 605 (12)
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record specifies a delayed The 90th day after the reco	effective date	e, but not ar	effective tir	ne, at 12:01	a.m. on the	earlier (
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Page 3 of 3

Filing Fee: \$25.00