

MO9060001877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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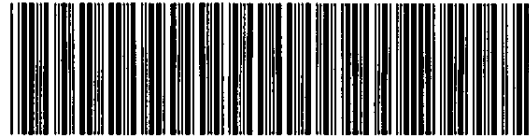
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Stivers FEB 04 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Restaurant Programs of America, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Carras

Name of Person

RPA Insurance Services, LLC

Firm/Company

8 Wood Hollow Road

Address

Parsippany, N.J. 07054

City/State and Zip Code

helenc@rpamerica.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Carras

Name of Person

at (973) 884-4400

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☒ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Restaurant Programs of America, LLC
2. Jurisdiction of its organization: New Jersey
3. Date authorized to do business in Florida: 5/18/2009

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: RPA Insurance Services, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____
7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Constantine J Carras

Typed or printed name of signee

Filing Fee: \$25.00

14 JUN 31 PM 2:32
TALLAHASSEE, FL 32304
FILING OFFICE

CERTIFICATE OF AMENDMENT

OF

Restaurant Programs of America, LLC

TO: DEPARTMENT OF THE TREASURY
Division of Revenue
State of New Jersey

FILED

NOV 14 2013

STATE TREASURER

The Undersigned, hereby submits for filing a Certificate of Amendment, executed on behalf of the above named Limited Liability Company pursuant to the provisions of NJSA 42 of the New Jersey Statutes:

1. Name of the Limited Liability Company:

Restaurant Programs of America, LLC

2. Identification Number: 0600182916

3. New LLC Name: RPA Insurance Services, LLC

4. Effective Date: Date of filing.

5. Paragraph 1 of the Certificate of Formation is hereby amended to read as follows:

"1. The name of the limited liability company is

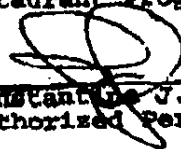
RPA Insurance Services, LLC"

The undersigned represents that this filing complies with State law as detailed in NJSA 42 and that they are authorized to sign this form on behalf of the Limited Liability Company.

Dated this 30th day of September, 2013.

Restaurant Programs of America, LLC

By:


Constantine J. Carras
Authorized Person

16 JAN 1 PM 2:32
RECEIVED
DIVISION OF REVENUE
STATE OF NEW JERSEY