P03000005037

(Re	equestor's Name)	
(Ad	ldress)	
. (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
		_
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
		•
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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10/25/10--01050--002 **25.00

11/18/10--01026--006 **10.00 %

2010 NOV 17 P 2: 16
SECRETARY OF STATE A

Amend News 11-19-10

COVER LETTER

Division of Corporations				
SUBJECT: RYB TREE INC.				
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sui	bmitted for filing.		
Please return all correspond	dence concerning this matter	r to the following:		
	BIPIN PI	Name of Person	***************************************	
	ReB TI	CEE /NC. Firm/Company		
			· · · · · · ·	
	4619 LONGBOW DR. Address			
	Fioresvil	LE . M. 32796.		
		City/State and Zip Code		
		to be used for future annual report notificati		
- 4 4 4 6			OII)	
For further information concerning this matter, please call:				
B. Parc	2	at (321) 269 478 Area Code & Daytime Te	F	
Name of I	Person	Area Code & Daytime Te	lephone Number	
Enciosed is a check for the	-			
\$25.00 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)	
MAILIN	G ADDRESS:	STREET/COURIER	ADDRESS:	

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

TO: ' Registration Section

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



November 9, 2010

BIPIN PATEL R & B TREE, INC. 4619 LONGBOW DRIVE TITUSVILLE, FL 32796

SUBJECT: R & B TREE, INC. Ref. Number: P03000005037

We have received your document for R & B TREE, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 710A00026295

RECEIVED
10 NOV 17 AM 8: 07
SECRETARY OF STATE

Articles of Amendment

, to . Articles of Incorporation

FIIF

·	of	, ILED
P. J. B	Number of Corporation (if known)	2010 NOV 17 P 2: 16
(Name of Corporation as	currently filed with the Florida Dept. o	of State) SECRETE 2: 16
P03600005037		TALLAHASSEE STATE
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporati		rofit Corporation adopts the following
A. If amending name, enter the new name	me of the corporation:	
name must be distinguishable and cont abbreviation "Corp.," "Inc.," or Co.," o name must contain the word "chartered,"	r the designation "Corp," "Inc," or "C	o". A professional corporation
B. <u>Enter new principal office address, it</u> (Principal office address <u>MUST BE A ST</u>		
C. Enter new mailing address, if applic (Mailing address <u>MAY BE A POST O</u>		
D. If amending the registered agent and new registered agent and/or the new		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as register		et the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title	Name Bilin Porta	Address	Type of Action
SELLETIMAY	DISTRIBUTE	4619 LONGBOW DR.	☐ Add☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	·		
F If amanding	g or adding additional Articles, enter cl	anga(s) hara:	
	tional sheets, if necessary). (Be specific		
·			
			·
F Ifan amer	ndment provides for an exchange, reclas	sification or cancellation of iss	uad charac
provisions	for implementing the amendment if no		
(ij noi i	applicable, indicate N/A)		
		· · · · · · · · · · · · · · · · · · ·	
	1, 70,		
			<u> </u>

	Actuber 80 - 2010
The date of each amendment Effective date if applicable:	(s) adoption: 10 - 20 - 20 (date of adoption is required)
in the second se	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated^	10V. 11 12 2010.
	Rong Luman.
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	RANDY FREEMAN.
	(Typed or printed name of person signing)
	PRESIDENT.
	(Title of person signing)