# 214000110732

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## **COVER LETTER**

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CUDIC	RNI	MPORTS LLC		
SUBJE	.CI:		ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Name of Person	
	·	LIC TAV CO		
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Enclose	ed is a check for th	ne following amount:		
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MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# RN IMPORTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/11/2014 and assigned Florida document number L14000110732 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: XXXX N/A XXXXX The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the approximation." Enter new principal offices address, if applicable: XXXXX N/A XXXX (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: XXXXX N/A XXXXX (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: XXXXX N/A XXXXX Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

*	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** <u>Address</u> Type of Action <u>Name</u> **RODRIGO DIAS** 1313 GLEN EAGLES LN **AMBR** □ Add CHAMPIONS GATE, FL 33896 ■ Remove **NATASHA DIAS** 1313 GLEN EAGLES LN AMBR □ Add CHAMPIONS GATE, FL 33896 ■ Remove 1313 GLEN EAGLES LN AMBR **RODRIGO TAVARES DIAS ■** Add CHAMPIONS GATE, FL 33896 ☐ Remove 1313 GLEN EAGLES LN AMBR NATASHA F VASCONCELOS DIAS ■ Add CHAMPIONS GATE, FL 33896 ☐ Remove ☐ Remove

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X	XXXXX N/A XXXXX		
ffective date, if other than the date of fine effective date must be specific, cannot be prior to the date this document is filed by the Florida Depart	to date of receipt or filed date and cannot be more than 90 days after		
ated NOVEMBER 5TH	2014		
aled			
	of a member of authorized representative of a member		

Typed or printed name of signee

SECRETARY OF STATE A