

L14000110732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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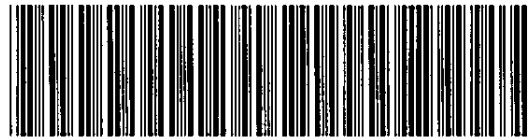
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 19 2014

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RN IMPORTS LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person  
**US TAX CONSULTING**  
Firm/Company  
**5401 S KIRKMAN RD STE 105**  
Address  
**ORLANDO, FLORIDA**  
City/State and Zip Code  
**SUPPORT@USTAXCONSULTING.NET**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DANILO SANTANA** at **407 674 8969**  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 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



♦ 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RODRIGO DIAS	1313 GLEN EAGLES LN	<input type="checkbox"/> Add
		CHAMPIONS GATE, FL 33896	<input checked="" type="checkbox"/> Remove
AMBR	NATASHA DIAS	1313 GLEN EAGLES LN	<input type="checkbox"/> Add
		CHAMPIONS GATE, FL 33896	<input checked="" type="checkbox"/> Remove
AMBR	RODRIGO TAVARES DIAS	1313 GLEN EAGLES LN	<input checked="" type="checkbox"/> Add
		CHAMPIONS GATE, FL 33896	<input type="checkbox"/> Remove
AMBR	NATASHA F VASCONCELOS DIAS	1313 GLEN EAGLES LN	<input checked="" type="checkbox"/> Add
		CHAMPIONS GATE, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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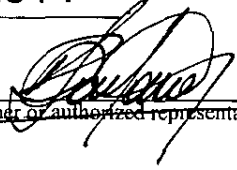
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

XXXXXX N/A XXXXXX

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 NOVEMBER 5TH, 2014

  
Signature of a member or authorized representative of a member

DANILO SANTANA  
Typed or printed name of signer

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