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(Address)

(Address)

(City/State/Zip/Phone #)

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2017 MAR 16 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

K. SALY

MAR 17 2017

2017 MAR 16 AM 8:23

TALLAHASSEE, FL 32304

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RR Miramar, 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:

Jermaine Smith

\_\_\_\_\_  
Name of Person

Smoothie Express

\_\_\_\_\_  
Firm/Company

11020 Pembroke Rd

\_\_\_\_\_  
Address

Miramar, FL 33025

\_\_\_\_\_  
City/State and Zip Code

championmusic718@gmail.com

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

For further information concerning this matter, please call:

Jermaine Smith

954

991-1956

at ( )

\_\_\_\_\_  
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

FILED  
2017 MAR 16 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Miramar, FL 33025

**(Mailing address MAY BE A POST OFFICE BOX)**

*Zip Code*

## Page 1 of 3

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>         | <u>Type of Action</u>                      |
|--------------|--------------|------------------------|--------------------------------------------|
|              | Julia Harris | 2201 Palm Ave Unit 106 | <input type="checkbox"/> Add               |
|              |              | Miramar, FL 33025      | <input checked="" type="checkbox"/> Remove |
|              |              |                        | <input type="checkbox"/> Change            |
|              |              |                        | <input type="checkbox"/> Add               |
|              |              |                        | <input type="checkbox"/> Remove            |
|              |              |                        | <input type="checkbox"/> Change            |
|              |              |                        | <input type="checkbox"/> Add               |
|              |              |                        | <input type="checkbox"/> Remove            |
|              |              |                        | <input type="checkbox"/> Change            |
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|              |              |                        | <input type="checkbox"/> Change            |
|              |              |                        | <input type="checkbox"/> Add               |
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|              |              |                        | <input type="checkbox"/> Change            |
|              |              |                        | <input type="checkbox"/> Add               |
|              |              |                        | <input type="checkbox"/> Remove            |
|              |              |                        | <input type="checkbox"/> Change            |

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TALLAHASSEE, FLORIDA

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TALLAHASSEE

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GOVERNMENT

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 3/14, 2017.

Germaine Smith  
Signature of a man

Signature of a member or authorized representative of a member

Termaine Smith

Typed or printed name of signee