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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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February 7, 2018

MARINA LOVERA 3321 SWEET JAFFA DR KISSIMMEE, FL 34746

SUBJECT: R&M TEAM LLC Ref. Number: L17000252878

We have received your document for R&M TEAM LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 818A00002607

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

## **COVER LETTER**

Division of Co	rporations		
CHECKE	vestment LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub	<del>-</del>	
· · · · · · · · · · · · · · · · · · ·	Marina Lovera	to the following.	
		Name of Person	
	R&M Team LLC		
		Firm/Company	<del></del>
	3321 Sweet Jaffa Dr		
		Address	
	Kissimmee FL 34746		
	laurani i Ovata o	City/State and Zip Code	
	loveramarina@Yahoo.Con E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Marina Lovera		347 485-4826	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
<b>Ø</b> \$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

Registration Section

TO:

Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOVERA INVESTMENT LLC					
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor liability Company)	<u>(ds.)</u>			
The Articles of Organization for this Limited Liability Company Florida document number £17000252878	were filed on Dec. 11 2017	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
M & R TEAM L.L.C.					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	.C" or the abbreviation "L.L.C."			
Inter new principal offices address, if applicable:	3321 Sweet Jaffa Dr.				
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34746				
	-	<b>2 0 0</b>			
Inter new mailing address, if applicable:	3321 Sweet Jaffa Dr.	HAR - F			
Mailing address MAY BE A POST OFFICE BOX)	Kissimmee, FL 34746				
		<u></u>			
		64 % C			
3. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ds, enter the name of the			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addr	ess			

## 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

'If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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document's effective	date on the Department of	or State's records.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00