## L21000157430

(Requestor's Name)	_
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(City/State/Zip/Phone #)	
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(Document Number)	
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SECRETARY OF STATEMENT OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration Sec Division of Corp					
414113 141	CVI	RG BA LLC				
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	losed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please r	return all correspon	dence concerning this matter	to the following:			
		MARIA RODRIGUEZ				
			Name of Person			
			Firm/Company	<del></del>		
		941 W Morse Blvd, Suite	100, PMB 511			
			Address			
		Winter Park, FL 32789				
			City/State and Zip Code	<del></del>		
		mrodriguezgrellet@gmai	l.com to be used for future annual report not			
For furt	her information co	n-mail address: ( neerning this matter, please ca		incadon)		
MARL	A RODRIGUEZ		407 6183369		25	SIAID
	Name of	Person	Area Code Daytin	ne Telephone Number	856 12 VH10: 43	Car Mark
Enclose	ed is a check for the	following amount:			<del>∑,</del>	22 <u>0</u> 0
<b>≡</b> \$25	5.00 Filing Fee	S30,00 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 enclo		SKCHAMO

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RG BA LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L21000157430		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.J.,C."
Enter new principal offices address, if applicable:	941 W Morse Blvd, Suite 100, PMB 5	II
(Principal office address MUST BE A STREET ADDRESS)	Winter Park, FL 32789	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	941 W Morse Blvd, Suite 100, PMB 5 Winter Park, FL 32789	li .
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	AH IO:
	, Florida	64 380
	City , Florida	Zip Code

## 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.

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>	Address	Type of Action
AMBR	RODRIGUEZ, MARIA	941 W Morse Blvd, Suite 100, PMB 511	□Add
		Winker Pork , FL 32789	□Remove
			<b>=</b> Change
AMBR	RODRIGUEZ, CECILIA	941 W. Morse Blud Suite 100	PMB511 D1 DAdd
		Winter Park, FL 32789	□Remove
			Change
			□Add
			🗀 Remove
			□Change
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			□Change
			□ Add
			□Remove
			□Change

(If an ei <u>Note:</u>	tive date, if other than the date of filing:
If the reco record is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the illed.
Dated	September 10  Signature of a member of a member
	organitus or a incynect or aumorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee