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EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: RM Jurestments 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:	·
<u>Hichael</u> Dassler	
Name of Person	
Firm/Company	
P.O. Box 11204	
Address	Oma Victoria
Pompano Seach, 41. 33	10627
City/State and Zip Code	AHA I
E-mail address: (to be used for future annual report notification)	SHE SHE
P.U. Box 11204  Address  Pompane Beach, 71. 33  City/State and Zip Code  Abrennetke @ comeast. n  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Michael Dassler  Area Code & Daytime Telephone Number	P STATE OF STATE
Michael Dassler at 954, 270 1412	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{S25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status} \text{Certified Copy} \text{Certificate of Status}	te of Status &
Submitted (additional copy is enclosed) Certified (addition	i Copy al copy is enclosed)
Submitted (additional copy is enclosed) Certified (addition previously check # 279	
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		its LLC			
(Name of the Limited I	iability Company Iorida Limited Liab	as it now appears on or oility Company)	ır records,)		
The Articles of Organization for this Limited Lia Florida document number	bility Company we 2394	ere filed on $9-2$	0-2001	and assigne	d
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabilit	y company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," the	e designation "LL	C" or the abbre	viation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		316 SW POHPHNO	14 Ct.		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B.  B. If amending the registered agent and/or registered agent and/or the new registered office.	registered office	干し、3306 316 SW POMPANO 干し、37060 address on our rec	J4 Cf. BEACH		T C e new
Name of New Registered Agent:		IETER I	BRENN	ELKE	
New Registered Office Address:			Pompano Dead. 3300		
	Pompano	Enter Flor Beach	rida street addre , Florida		
		ліу		zip Coae	

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address Type of Action Michael Dassler 1370 E. Term Har Dr. MORM Remove ☐ Add Remove ☐ Add ☐ Remove ∏ Add Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 4-10 2012. Signature of a member or authorized representative of a member Michael Dassler Typed or printed name of signee Page 2 of 2 previously paid check # 279 Filing Fee: \$25.00