

207000000588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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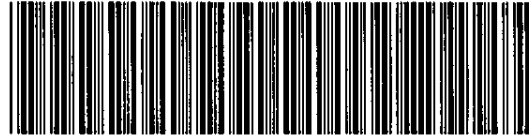
(Business Entity Name)

(Document Number)

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14 DEC 31 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RTG INVESTMENTS 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:

JEFFREY ALMIRON
Name of Person

RTG INVESTMENTS LLC
Firm/Company

9350 US HWY 192 SUITE 104
Address

CLERMONT, FL 34714
City/State and Zip Code

BINIONSBACK@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFFREY ALMIRON at (407) 341-4445
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RTG INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on JANUARY 6, 2003 and assigned Florida document number L03000000588

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9350 US HWY 192
SUITE 104
CLERMONT, FL 34714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9350 US HWY 192
SUITE 104
CLERMONT, FL 34714

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JEFFREY ALMIRON

New Registered Office Address:

9350 US HWY 192 SUITE 104

Enter Florida street address

CLERMONT, FL, Florida 34714

City

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 603, 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 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>
MGR	RAFAEL ROSADO	9350 US HWY 192	<input type="checkbox"/> Add
		SUITE 108	<input checked="" type="checkbox"/> Remove
		CLERMONT, FL 34714	
MGR	JEFFREY ALMIRON	9350 US HWY 192	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		CLERMONT, FL 34714	
MGR	HAROLD ALMIRON	9350 US HWY 192	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		CLERMONT, FL 34714	
MGR	CARLOS ALMIRON	9350 US HWY 192	<input checked="" type="checkbox"/> Add
		SUITE 104	<input type="checkbox"/> Remove
		CLERMONT, FL 34714	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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

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

DECEMBER 19, 2014

Signature of a member or authorized representative of a member

JEFFREY ALMIRON

Typed or printed name of signee

FILED
14 DEC 31 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA