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(C	City/State/Zip/Phone #)	ľ
PICK-UP	WAIT MAIL	
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Adeiana Sa	o Filing Officer: nch 12 gave authorization	n
to change	nchrz gave authorization the name from inv. 3-27-13	
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Office Use Only



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COVER LETTER

TO: Registration Section
Division of Corporations

RM OFFICES GROUP, 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:

Adriana Sanchez

Name of Person

RM OFFICES GROUP, LLC

Firm/Company

18503 Pines Blvd, Suite 308

Address

Pembroke Pines, FI 33029

City/State and Zip Code

adriana.sanchez4313@gmail.com

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

For further information concerning this matter, please call:

Adriana Sanchez

_{at (}954₎667 2497

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

RIVI OFFICES GROUP, LLC	Company as it now appears on our near	ands)
(A Florida	y Company as it now appears on our rec Limited Liability Company)	<u>urus.</u>)
The Articles of Organization for this Limited Liability (Florida document number L05000094990	Company were filed on 09/27/2005	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
REY MORENO IN /, LLC		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:		ARY SSE
(Mailing address MAY BE A POST OFFICE BOX)		TILED BETARY OF STATE
		ES .
		3 3 3 S
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	street address
		lorida
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Address **Title** <u>Name</u> Remove Remove Remove Remove Remove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	March 19 2013 .
	-Aour houtet
	Signature of a member or authorized representative of a member Adriana Sanchez
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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