

LOG 000078764

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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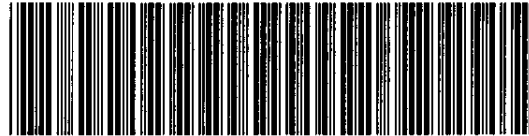
\_\_\_\_\_  
(Business Entry Name)

\_\_\_\_\_  
(Document Number)

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T. CLINE

SEP 13 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RTM 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:

Norman Canter  
Name of Person

RTM LLC  
Firm/Company

4400 N. Federal Highway, Suite 122  
Address

Boca Raton, Florida 33431  
City/State and Zip Code

Solarnorman@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Norman Canter at (305) 924-7315  
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

**RTM 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 08/09/06

Florida document number L 06000078764

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)

4400 N. Federal Highway, Suite 122  
Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4400 N. Federal Highway, Suite 122  
Boca Raton, FL 33431

**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:

Alan C. Kauffman

New Registered Office Address:

4400 N. Federal Highway Suite 122

Enter Florida street address

Boca Raton

City

Florida

33431

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 certify that the limited liability company has been notified in writing of this change.

Alan C. Kauffman  
If Changing Registered Agent, Signature of New Registered Agent

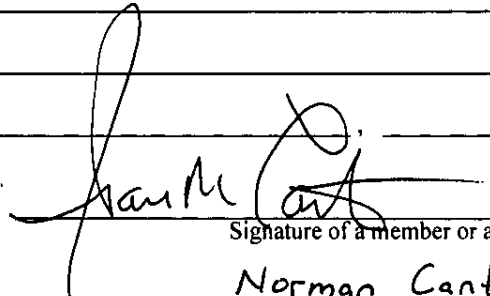
✓ If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Richard W. Devries	12 Spanish Main Freeport, Grand Bahama	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated \_\_\_\_\_

  
 Signature of a member or authorized representative of a member  
 Norman Canter  
 Typed or printed name of signee

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 TALLAHASSEE, FLORIDA