

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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K.BALY EXAMINER NOV 9 2011

COVER LETTER

| TO: | Registration Sec Division of Corp | | | |
|--|--------------------------------------|--|--|--|
| SUBJE | ECT: | RVA INTE | RNATIONAL LLC | |
| | | Name of Limit | ted Liability Company | |
| The end | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspor | ndence concerning this matter | to the following: | |
| | | PAT | RICIA P. REYES VILLA | |
| | | | Name of Person | |
| | | RVA | INTERNATIONAL LLC | |
| | | | Firm/Company | |
| | | 2401 | Collins Avenue Apt 1709 | |
| Address Miami Beach, FL 33140 | | | Address | |
| | | | | |
| | | | City/State and Zip Code | |
| patriciareyesvilla@hotmail.com E-mail address: (to be used for future annual report notification) | | | cation | |
| For fun | ther information co | ncerning this matter, please co | <u>.</u> | |
| | | ia Reyes Villa | at (| 290-0748 |
| | Name of | Person | Area Code & Daytime | : Telephone Number |
| Enclose | ed is a check for the | e following amount: | | |
| \$ 25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

TO:

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

| 4. | FILED | | | |
|----|--------|--------|----|--|
| 11 | NOY -7 | PH 12: | 13 | |

| | | TIONAL LLC | ALI LU | 13.5 F 1 1 1 1 E |
|--|--|--|----------------------------|-------------------------|
| (Name of the Limited (A | <u>Liability Compar</u> Florida Limited L | <u>iy as it now appears</u> iability Company) | s on our records.) | |
| The Articles of Organization for this Limited Lia Florida document number | | were filed on | FLORIDA | and assigned |
| This amendment is submitted to amend the follo A. If amending name, enter the new name of | J | lity company here | : | |
| The new name must be distinguishable and end with "L.L.C." | n the words "Limit | ted Liability Compar | ny," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applica | ible: | | | |
| (Principal office address MUST BE A STREET | (ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | PO BOX 7766 | | |
| B. If amending the registered agent and/o registered agent and/or the new registered off | | | ur records, <u>enter t</u> | he name of the new |
| Name of New Registered Agent: | PATRICIA P | . REYES VILLA | \ | |
| New Registered Office Address: | Office Address: 2401 COLLINS AVENUE APT 1709 | | | |
| | | Enter Florida street address | | |
| | | MIAMI | , Florida | 33140 |
| Nam Danistan J. A. and Cianatan is demain D | | 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, 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> | Type of Action |
|--------------|--|---|----------------|
| MGRM | MANFRED REYES VILLA | 2401 COLLINS AVENUE APT 1709 MIAMI, FLORIDA 33140 | Add Remove |
| | , | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If an | nending any other information, enter c | hange(s) here: (Attach additional sheets, if necessary.) | |
| | RESIGNATION FROM INGRID | REYES-VILLA, MANFRED S. REYES -VILLA, | _ |
| | YESSY S. REYES -VILLA, MAR | VIN REYES-VILLA WERE FILED WITH | |
| | THE STATE. | | |
| | IS NOW A PARTNERSHIP WITH | TWO MEMBERS, INCLUDING MANFRED | _ |
| | REYES-VILLA | | _ |
| Dated | 10/20 , | 2011 | |
| | Signature of a mo | Attalleyes Villa ember or authorized representative of a member | |
| | Patricia A | yped or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00