

108000024962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

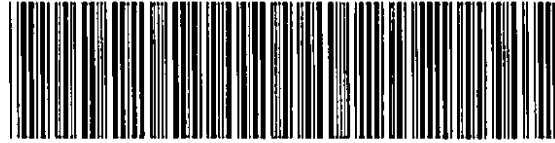
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FALLS CHURCH, VIRGINIA

FILED

D. SCOTT
FEB 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RLS MULTILINGUAL MARKETING, 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:

Damien Shriver
Name of Person

RLS Multilingual Marketing, LLC
Firm/Company

140 5th Street
Address

Melbourne Beach, FL 32951
City/State and Zip Code

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Damien Shriver at (904) 887-5445
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**

RLS MULTILINGUAL MARKETING, 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 03/10/2008 and assigned Florida document number L08000024962.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

140 5th Street

(Principal office address MUST BE A STREET ADDRESS)

Melbourne Beach, FL 32951

Enter new mailing address, if applicable:

140 5th Street

(Mailing address MAY BE A POST OFFICE BOX)

Melbourne Beach, FL 32951

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:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	Damien Jay Shriver	140 5th Street	<input checked="" type="checkbox"/> Add
		Melbourne Beach, FL 32951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Damien Jay Shriver	140 5th Street	<input checked="" type="checkbox"/> Add
		Melbourne Beach, FL 32951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Damien Jay Shriver	140 5th Street	<input checked="" type="checkbox"/> Add
		Melbourne Beach, FL 32951	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Roger Shriver	3354 NORTH ZEPHYR WAY	<input type="checkbox"/> Add
		JACKSONVILLE BEACH FL 322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FLORIDA
 CIVIL SERVICE

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

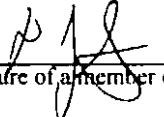
Multiple horizontal lines for amending information.

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TAL...

2. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
a) The 90th day after the record is filed.

Dated February 9, 2018



Signature of a member or authorized representative of a member

Damien Jay Shriver

Typed or printed name of signee