

L08000043340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

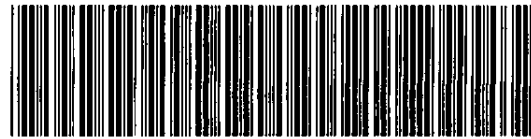
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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01/10/11--01011--005 **52.50

2011 FEB -8 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Wrong form



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2011

MITCH RIBAK
6450 N. WICKHAM RD
MELBOURNE, FL 32940

SUBJECT: RRMP, LLC
Ref. Number: L08000043340

We have received your document for RRMP, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 211A00001353

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RRMP 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:

Mitch Ribak

Name of Person

RRMP

Firm/Company

6450 North Wickham Rd #105

Address

Melbourne FL 32940

City/State and Zip Code

mitch@mitchrealty.com

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

For further information concerning this matter, please call:

Mitch Ribak

Name of Person

at (321) 259-9115

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RRMP, 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 4/30/2008 and assigned

Florida document number LO 8000043340

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**)

6450 N. Wickham Rd #105.
Melbourne, FL 32940

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6450 N. Wickham Rd #105
Melbourne FL 32940

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:

Mitch Ribak.

New Registered Office Address:

6450 N Wickham Rd #105.

Enter Florida street address

Melbourne

City

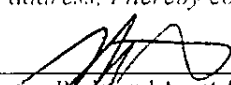
Florida

32940

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:

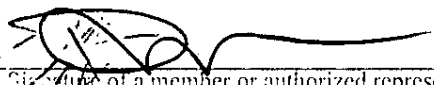
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Workman, David R	6450 Anderson Way Melbourne FL 32940	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Workman, Lynda M	6450 Anderson Way Melbourne FL 32940	<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
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TALLAHASSEE, FLORIDA

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
David R. Workman

Typed or printed name of signee

.2/10/11

CORPORATE DETAIL RECORD SCREEN

3:57 PM

NUM: L11000017508 ST:FL ACTIVE/FL LIM LIAB FLD: 02/09/2011

TOTAL CONTR: 0.00

NAME : 5019, L.L.C.

PRINCIPAL: 915 MIDDLE RIVER DRIVE

ADDRESS SUITE 506

FORT LAUDERDALE, FL 33304

RA NAME : KARNEY, WILLIAM M ESQ

RA ADDR : 915 MIDDLE RIVER DRIVE

SUITE 506

FORT LAUDERDALE, FL 33304

ANN REP : * NONE FILED *

411A-3495 re fax

1. MENU, 3. MGR/MEM, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: