

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000114903 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from the page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 Phone

: (305)444-4994 Fax Number : (305)444-4977

AMND/RESTATE/CORRECT OR M/MG RESIGN

640 PALM DRIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

T. CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

05/05/2009

1 . 9

Garage

446444506

ECER

19:6 6002 90 FRM

ARTICLES OF AMENDMENT TO (((H09000114903))) ARTICLES OF ORGANIZATION OF

640 PALM D	RIVE LLC		
(Name of the Limited Liability Compar (A Florida Limited L	v as it now appear ability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/22/2008	and assigned
Florida document numberL08000099314			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable	lity company her	<u>e</u> :	
R2 GROU			
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			7 A T
(Principal office address MUST BE A STREET ADDRESS)			PE A
			<u> </u>
•			
Enter new mailing address, if applicable:			CS &
(Mailing address MAY BE A POST OFFICE BOX)			A B
B. If amending the registered agent and/or registered off	icc address on o	ur records enter ti	he name of the new
registered agent and/or the new registered office address here	:	di locolum dittol	ac name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	er Florida street addi	ress
·	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	ete performance	of my duties, and I a	m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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.

<u>or Managir</u>	ng Member being added or ren	noved from our records:	(((H09000114903)))
MGR = Ma MGRM = I	inager Managing Member		
Title	<u>Name</u>	Address	Type of Action
			—
			F-1
	•		
			Remove
· · · · ·			Add T
			ARY SEE
<u>.</u>			Add Remove
D. If amen	ding any other information, en	nter change(s) here: (Attach additional she	ets, if necessary.)
	.,		
-			
-		·	
-			
Dated	0	2009	
	Signature C	of a member of authorized representative of a m	CIBUCI
		ROMAN/PILOTO	•

Filing Fee: \$25.00

18:6 8005 30 KeM