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(Business Entity Name)	
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2009 APR 20 PH 12: 52 SECRETARY OF STATE SECRETARY OF STATE

T. CLINE APR 2 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: RRS A	SSOCIATES LLC			F	
	(Name of Lin	nited Liability Company)			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
·	RICHARD XIA				
		(Name of Person)			
	RRS ASSOCIATES LLC				
	***************************************	(Firm/Company)			
	11503 CENTAUR WAY				
		(Address)			
	LEHICH ACRES,FL 339			2009 A	71
		(City/State and Zip Code)		至 3	-
For further information of	concerning this matter, please	call:		2009 APR 20 PH 12: 52 SECRETARY OF STATE TALLAHASSEE. FLORID	
RICHARD XIA		at (239) 8951313		LOS AS	
(Name	of Person)	(Area Code & Daytime To	elephone Number)	TE SO	
Enclosed is a check for t	he 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 F Certificate of Certified Cop (additional co	Status &	

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

RRS ASSOCIATES LLC						
(Name of the Limited (A	Liability Compa A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)			
The Articles of Organization for this Limited L	were filed on JANUAR	Y 7,2009	and a	ssigned	1	
Florida document number L09000005222	··					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Company," t	he designation "LL	.C" or th	e abbrev	 viation
Enter new principal offices address, if applic	cable:	11503 CENTAUR WA	AY :	TAS:	2009	
(Principal office address MUST BE A STREI	ET ADDRESS)	LEHIGH ACRES,FL	33971 .	PS PS	APR	
		·		SE.	N	
Enter new mailing address, if applicable:	11503 CENTAUR WA	ΑΥ	SEE.F	O PM	<u>п</u>	
(Mailing address MAY BE A POST OFFICE BOX)		LEHIGH ACRES,FL	33971	무단	<u>12</u>	
				D.m	2	
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>enter the</u>	e name	of the	: new
Name of New Registered Agent:	RICHARD XIA			<u> </u>		
New Registered Office Address:	11503 CENTA	AUR WAY				
		(Enter F	lorida street addr	ess)		
	LEHIGH ACRI	ES	, Florida <u>339</u> 7			
	(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> **Address** Type of Action MGRM ROGER RONG 508 SE 33RD STREET **₽** Add Remove CAPE CORAL, FL 33904 MGRM SU QI MING 13739 MAGNOLIA LAKE CT FORT MYERS FL 33907 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00