## W9 (1)000 49209

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City/	/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Busi	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status <u></u>		
Special Instructions to Filing Officer:				
·				

Office Use Only



700159055847

08/03/09--01034--012 \*\*25.00

医抗氯化物 医脓肿 医

T. CLINE AUG -4,2009

**EXAMINER** 

## **COVER LETTER**

Division of C				
SUBJECT:	R Innovati	ive Group, LLC		
30202011	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
	spondence concerning this matte	_		
	REB	ECCA ROSADO		
		Name of Person		
		Firm/Company		
	1020 060	E Roswell GROVE Address		
	Roswell, Gr	4 30075	2009 / SEC: TALL	, and the second
	Kindre & E-mail address:	City/State and Zip Code  1 2 be w yahoo, (to be used for future aroual report notificat	SECRETARY OF STATE TALLAHASSEE, FLORID	
For further information	n concerning this matter, please	call:	mon 3	50
REBECC	A ROSADO e of Person	at ( <u>954) 64<b>6</b> - 72</u> Arca Code & Daytime To	F STATE FLORID	عهدت وي
Nam	e of Person	Area Code & Daytime 16	elephone Number	
Enclosed is a check fo	r 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)	d)
Reg	ILING ADDRESS: istration Section sion of Corporations	STREET/COURIER Registration Section Division of Corporation		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

(Name of the Limited Liability C (A Florida Lir	TIVE GROUP, LLC Company as it now appears on our reco mited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor Florida document number LOGOOO4920	mpany were filed on 5.19.09	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite  R&B Innovative Gra  The new name must be distinguishable and end with the words  "L.L.C."	oup, LLC	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	SAME	7200 731 731
(Principal office address MUST BE A STREET ADDRE	<u> </u>	AHT G
Enter new mailing address, if applicable:	SAME	HASSEE. FIO
(Mailing address MAY BE A POST OFFICE BOX)		OROA OROA
B. If amending the registered agent and/or register registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:	SAME	
New Registered Office Address:	Enter Florida st	
	Enter Florida si	reei aaaress
<del></del>	, Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered	Ž	•

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.

SAME
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member'being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> Type of Action Name 1 Perations MANAGE 620 N.E 28+45T FZOI WILTON MANORS, FL 33334 CHAGE TITLE Add Remove Vice President BeberBryan
(Bebe B. Bryan 3100 Seven Pines Court ATLANTA, GA 30339 Add 🔲 Remove Add 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 REBECCA ROSADO PRESIDENT

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00