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2009 JUN -8 PH 12: 14
SECRETARY OF STATE
SECRETARY OF STATE

T. CLINE
JUN - 9 2009

EXAMINER

COVER LETTER

Registration Section

TO:

Division of Co	rporations			
SUBJECT:	RRG	TEAM, LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Gaston Garcia		
		Name of Person	_	
Republic of Couture				
		Firm/Company		
	3600 Hacienda Blvd. Suite F			
		Address		
		Davie FL 33314		
		City/State and Zip Code		7A.E. SE
	gas E-mail address: (ston@rocintheweb.com to be used for future annual report notifi	(cation)	CRE
For further information	concerning this matter, please c		·	2009 JUN -8 PH 12: 14 SECRETARY OF STATE TALLAHASSEE, FLORID
Gaston Garcia		at (803)	309-6977	PH S
Name	of Person	Area Code & Daytim	e Telephone Number	3 PH 12: 14 3 PH 12: 14 SEE. FLORIDA
Enclosed is a check for	the following amount:			•
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	e of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RR(G TEAM, LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	s on our records.		
	• • •			
The Articles of Organization for this Limited Liability Co	ompany were filed on	5/29/09	and assigned	
Florida document numberL0900052401	<u></u> .		•	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here	≘ :		
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation	'n
Enter new principal offices address, if applicable:		- 		
<u> Principal office address MUST BE A STREET ADDR</u>	ESS)		3,, B	
	<u> </u>		SEC 169	p =2
			AR	ا دسم
Enter new mailing address, if applicable:			ASS.	-
(Mailing address MAY BE A POST OFFICE BOX)			mo -0 1	Ţ
3,00			FL(- 173
	 -		- SE	
B. If amending the registered agent and/or registe	ered office address on o	ur records, enter	the Pame of the ne	w
registered agent and/or the new registered office addr		<u></u>		<u></u>
Name of New Registered Agent:	to the second se			
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 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 <u>Name</u> **Address** Type of Action MGRM **NV LLC** 7150 Peppertree cr. n. Davie FL 33314 √ Remove MGRM KNV LLC 7150 Peppertree cr. n. ✓ Add Davie FL 33314____ Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Member NV LLC needs to be removed and replaced by KNV LLC. We were unaware that NV LLC was not available at the time of filing. Dated ___ June 5 2009 Signature of a member or authorized representative of a member Gaston Garcia Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00