

03/13/2032 06:00

03/13/2032 06:00

L09000068085

Florida Department of State

Division of Corporations
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.

((H14000105115 3)))



H140001051153ABCS

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
2014 MAY -2 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RIMIR LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

14 MAY -2 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND REQUEST

2014 MAY -2 AM 8:22

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RIMIR 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 07-15-2009 and assigned Florida document number L09000068085

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

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 605, 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

May 01 2014 2:49PM HP LASERJET FAX

H14000105115 p.3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR - Manager

AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CELSO, RICARDO	MERCEDES 3225	<input type="checkbox"/> Add
		BUENOS AIRES-ARGENTINA	<input checked="" type="checkbox"/> Remove
		MERCEDES 3225	
MGRM	OTRANTO, MIRTA	BUENOS AIRES-ARGENTINA	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		MERCEDES 3225	
MGR	CELSO, NICOLAS	BUENOS AIRES-ARGENTINA	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	CELSO, MARIA L	MERCEDES 3225	<input type="checkbox"/> Add
		BUENOS AIRES-ARGENTINA	<input checked="" type="checkbox"/> Remove
MGR	CLAUDIA CZETYRKO	7660 SW 83 COURT	<input checked="" type="checkbox"/> Add
		MIAMI-FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

H14000105115

May 01 2014 2:49PM HP LASERJET FAX

H14000105112.4

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 1ST, 2014



Signature of a member or authorized representative of a member

CLAUDIA CZETYRKO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 MAY -2 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000105115