

LD9 006086069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2013

JULIA ARGAMIN
1691 MICHIGAN AVE., SUITE 320
MIAMI BEACH, FL 33139

SUBJECT: RINCONAR LLC
Ref. Number: L09000086069

We have received your document for RINCONAR LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report/uniform business report or reinstatement must be filed and the appropriate fee submitted before your document can be filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00022082

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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RINCONAR LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIA ARGAMIN

Name of Person

CLEAR TITLE GROUP, LLC

Firm/Company

1691 MICHIGAN AVE., SUITE 320

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

JARGAMIN@CLEARTITLEGROUP.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JULIA ARGAMIN

Name of Person

at (**305**) **695-2699**

Area Code & Daytime Telephone Number

Enclosed is a check for 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)

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**

RINCONAR 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 09/04/2009 and assigned
Florida document number L09000086069.

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)

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STATE OF FLORIDA	

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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STATE OF FLORIDA	

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 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:

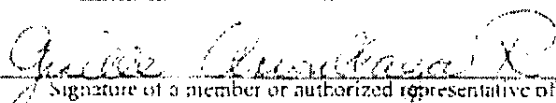
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOSE L RINCON	848 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1015	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGRM	GISELLE ARRIBILLAGA D RINCON	848 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1015	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGRM	ANDREINA RINCON A	848 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1015	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGRM	JOSE LUIS RINCON A	848 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 1015	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGR	GISELLE ARRIBILLAGA DE RINCON	848 BRICKELL AVENUE	<input checked="" type="checkbox"/> Add
		SUITE 1015	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated SEPTEMBER 13 2013



Signature of a member or authorized representative of a member

GISELLE ARRIBILLAGA DE RINCON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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