

L10000073725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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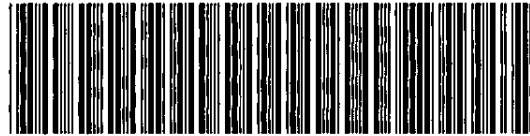
(Business Entity Name)

(Document Number)

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2012 JAN -6 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JAN 9 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIMADOR 1004 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:

Jose KAMGA

Name of Person

RIMADOR 1004 LLC

Firm/Company

1500 BAM Road # 850 S.

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

JOSE.KAMGA@GMAIL.COM

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

For further information concerning this matter, please call:

Jose KAMGA

Name of Person

at (954) 249 0740

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

FILED

2012 JAN -6 AM 8:26

RIMADOR 1004 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 13th 2010 and assigned
Florida document number L 10000073725.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RIMADOR 1004 LLC

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)

RIMADOR 1004

1500 BAY RD # 850 S

MIAMI BEACH FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

RIMADOR 1004

1500 Bay Rd # 850 S

MIAMI Beach, FL 33139

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:

JOSE KAMGA

New Registered Office Address:

1500 Bay Rd # 850 S

Enter Florida street address

MIAMI Beach

City

Florida

33139

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>
NGR	Isabelle KANGA	36 bvd de LA LIBERATION 92370 CHAILLE FRANCE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
NGR	KARIM BELKHIR	1500 BAY Rd # 850 Miami Beach FL 33139	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated Dec. 28th, 2011

Signature of a member or authorized representative of a member

JOSE KANGA

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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