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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

: (305)633-9696 Fax Number

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 RS INVESTMENTS OF MIAMI, LLC

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EMPIRE CORP KIT

10/26/2012

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October 29, 2012

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RS INVESTMENTS OF MIAMI, LLC 12958 SW 215 TERRACE MIAMI, FL 33177

SUBJECT: RS INVESTMENTS OF MIAMI, LLC

REF: L11000015979

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

SUBIMITTED WRONG AMENDMENT FORM.

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

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

Deborah Bruce Regulatory Specialist II FAX Aud. #: H12000258341 Letter Number: 312A00026366

RECEIVED

12 NOV - 1 PM # 83

SECRETARY OF STATE
ALLAHASSEE. FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

FILED

PAGE 02/04

EMPIRE CORP KIT

APPROVED AND FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Number of the Limited Liability Company) (A Florida Limited L	ny as it now appears on our lability Company)	Lwcold?)	
The Articles of Organization for this Limited Liability Company	were filed on OLION	/スツル and assigned	
Florida document number <u>L110000159 39</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi	<u>d'</u>		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Lizbility Company," the		
Enter new principal offices address, if applicable:	12833 SW	Alo Terrace SE	
(Principal office address MUST BE A STREET ADDRESS)	Miam: FL	33137 SA	
Enter new mailing address, if applicable:	17233 Sw	710 14 mar 2 10 10 10 10 10 10 10 10 10 10 10 10 10	
(Mailing address MAY RE A POST OFFICE BOX)	Miomi, E	33133 Om o	
B. If amonding the registered agent and/or registered of registered agent and/or the new registered affice address her Name of New Registered Agent: New Registered Office Address:	16	ords, enter the name of the new	
	, Florîda		
	City	Zip Code	
at the state of the same Atlantage of Automotion to State and Automotion			

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 Recistered Agent

Page 1 of 2



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

<u>Title</u>	Name .	Address	Type of Action	
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D. If amer	nding any other information, enter cha	age(s) here: (Attach additional sheets, if necessary.)	FILED 12 NOV -1 AM 10: 16 SECRETARY OF STATE ALLAHASSEE. FLORIDA	,
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