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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: A. LUNT				
MAY 18 2010				
EXAMINER				

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Office Use Only

COVER LETTER						
TO: Registration Section Division of Corporations						
SUBJECT: <u>RPINNESTMENTS</u> <u>L</u> 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:						
ROBERTO PEREZ Name of Person RP 44 INVESTMENTS LLC Firm/Company 3100 GRASMERE PKVW Address KissiMMEE FI. 34746						
City/State and Zip Code <u>City/State and Zip Code</u> <u>City/State and Zip Code</u> <u>E-mail address: (to be used for future annual report notification)</u>						
For further information concerning this matter, please call: $\frac{224}{\text{Name of Person}} \text{ Area Code & Daytime Telephone Number}$						
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\$30.00 Filing Fee \$\$\$55.00 Filing Fee \$\$\$Certified Copy (additional copy is enclosed) \$\$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
MAILING ADDRESS:STREET/COURIER ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassce, FL 323142661 Executive Center Circle						

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2661 Executive Center Circle Tallahassee, FL 32301

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RP 44 INVEST	MENTS LLC
(Name of the Limited Liability Compa (A Florida Limited L	
(A Florida Limited L	
he Articles of Organization for this Limited Liability Company	were filed on $\frac{OZ}{16}$ $\frac{2O11}{2011}$ and assigned
lorida document number <u> </u>	THE AND T
	SE E TI
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and end with the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation
L.L.C."	
nter new principal offices address, if applicable:	3100 GRASHERE FRVW
Principal office address MUST BE A STREET ADDRESS)	KISSIMMEE, FI 34746
	· · · · · · · · · · · · · · · · · · ·
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	in for and funded
nter new mailing address, if applicable:	3100 GRASHERE PLVW
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX)</u>	3100 GRASHERE PLVW KISSINMEE, FL 34746
	3100 GRASHERE PKVW KissiNMEE, FI 34746
lailing address MAY BE A POST OFFICE BOX)	<u>3100 GRASHERE PKVW</u> <u>KISSINMEE, FI 34746</u> fice address on our records, <u>enter the name of the new</u>

New Registered Office Address:

KOBERTO /	EREZ		_
3100 GRASMER	E PKV	'N	
Enter F	lorida street ad	dress	_
KISSIMMEE	, Florida	33476	
City		Zip Code 34746	\sim
 		34746	K

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 1 am familiar with and accept the obligations of my position as registered agent as provided for in Shapter 608 F.8. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirming that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered 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 being added or removed from our records:

MGR = Manager MGRM = Managing Member

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Dated_

<u>Title</u>	Name	Address	<u>Type of Action</u>
<u>UP</u>	LEANDRA M. PEREZ	3100 GRASMERE PU KISSIMMEE, FL. 34746	Add Remove
			Add Remove
			Add Remove
	- <u></u>		Add? Remove
		ن ۲۰ 	Add Remove
			Add Remove
D. If amendi 	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
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Dated	0 MAU _20		_

our Signature of a member or authorized representative of a member

> ROBERTO PEREZ Typed or printed name of signee

> > Page 2 of 2

Filing Fee: \$25.00