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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
AUG -3 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Group RSL 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:

Peter M. Lopez, Esq.

Name of Person

Peter M. Lopez, P.A.

Firm/Company

1911 NW 150 Avenue, Suite 201

Address

Pembroke Pines, FL 33028

City/State and Zip Code

PMLopezPA@yahoo.com

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

For further information concerning this matter, please call:

Peter M. Lopez, Esq.

Name of Person

at (954)

436-6111

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

FILE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Juan Carlos Lopardo	1911 NW 150 Avenue, Suite 201 Pembroke Pines, FL 33028	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Lorenzo Sacchetti	1911 NW 150 Avenue, Suite 201 Pembroke Pines, FL 33028	<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 August 1, 2011

Signature of a member or authorized representative of a member

Peter M. Lopez, Esq., Authorized Representative

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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