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EXAMINER

C. LEWIS

COVER LETTER

TO:	Registration Section Division of Corporation			
≪.	*;			
SUBJI		Grou	up RSL LLC	
20201			ited Liability Company	
The en	closed Articles of Arr	nendment and fee(s) are sub	omitted for filing.	
Please	return all corresponde	ence concerning this matter	to the following:	
		I	Peter M. Lopez, Esq.	
	•		Name of Person	, , , , , , , , , , , , , , , , , , ,
		ŧ	Peter M. Lopez, P.A.	
	•		Firm/Company	
	_	1911 N	NW 150 Avenue, Suite 201	
			Address	
	_	Pen	nbroke Pines, FL 33028	
			City/State and Zip Code	
	_	PM	LopezPA@yahoo.com o be used for future annual report notifica	
		E-maii address: (1	o be used for future annual report notifica	ition)
For furt	her information conc	erning this matter, please c	all:	
	Peter M.	Lopez, Esq.		36-6111
	Name of Per	rson	Area Code & Daytime	Telephone Number
Enclose	d is a check for the fo	ollowing amount:		
\$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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



2011 AUG -2 AM (0: 38

Group RSL LLC ability Company as it now appear orida Limited Liability Company)	SECRETARY OF STATE OF ON OUR PROPERTY OF STATE O	
	July 14, 2011 and assigned	
ing:		
e limited liability company her	<u>e</u> :	
he words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
le:		
ADDRESS)		
<u></u>		
registered office address on o	our records, enter the name of the new	
Enter Florida street address		
City	, Florida Zip Code	
	ility Company were filed on	

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>	Address	Type of Action
MGR_	Juan Carlos Lopardo	1911 NW 150 Avenue, Suite 201 Pembroke Pines, FL 33028	Add Remove
MGR_	Lorenzo Sacchetti	1911 NW 150 Avenue, Suite 201 Pembroke Pines, FL 33028	✓ Add ☐ Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.,)
			2011 A
Dated	lakon	AUTHORIZED Leg - 7 Member or authorized representative of Unember	2011 AUG -2 AM LO SECRETARY OF SI
	Peter M. Lopez, I	Esq., Authorized Representative or printed name of signee	AM ID: 38 OF STATE FLORIDA

Page 2 of 2

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