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SECRETARY OF STATE
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OF 15 PM 2: 06

C. LEWIS

OCT 1 6 2012

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp	ction porations ====================================	ng baka di da≛ i	
SUBLE	ECT:	RGJ (GROUP LLC	
•	****	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	rcturn all correspor	ndence concerning this matter	to the following:	
			OSWALDO GUERRA	
			Name of Person	
			Firm/Company	
1051 CEDAR FALLS DR				
			Address	
WESTON FL 33327 City/State and Zip Code				
		OSWALDO E-mail address: (1	OGUERRA@HOTMAIL.C	OM illication)
For fur	ther information co	oncerning this matter, please c	all:	
	OSWA Name of	LDO GUERRA Person	at (954) Area Code & Dayti	274-2291 me Telephone Number
Enclos	ed is a check for th	e following amount:		
[] \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 OCT 15 PM 2: 06

	GU GROUP LLC		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appear ida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AI	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	, , , , , , , , , , , , , , , , , , ,		
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on o address here:	our records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street address	
-	City	, Florida 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 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 Type of Action Address Title ` <u>Name</u> **MGRM ELENA ARI** 847 81 ST MIAMI BEACH FL 33141 ☐ Remove ☐ Add Remove _ Add Remove ☐ Add Remove □Add ___ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ALL MEMBERS NEED TO BE CHANGED FROM MGR TO MGRM OCT 9 Dated _____ Signature of a member drauthorized representative of a member ÓSWÁLDO GUERRA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00