L12000050369

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		-

Office Use Only



500229027745

04/16/12--01021--008 **25.00

12 APR 16 PM 1:53

SECRETARY OF SIMILE

APR 17 2012. T. HAMPTON

COVER LETTER

Registration Section

TO:

Division o	f Corporations				
SUBJECT: RINVEST6, LLC Name of Limited Liability Company					
The enclosed Artic	les of Correction and fee(s)	are submitted for filing	·		
Please return all co	rrespondence concerning thi	s matter to the following	ng:		
	MANUEL DINER		_		
	Name of Person		•		
	MANUEL DINER, P	.A. ·	_		
	Firm/Company	,	_		
77	35 NW 146 Steet, Su	ite 300	_		
	Address		•		
	MIAMI LAKES, FL. 33	3016	· · · · · · · · · · · · · · · · · · ·		
	City/State and Zip Code				
M	DINER@DINERLAW	.COM	_		
E-mail addres	s: (to be used for future annu	ual report notification)			
	•				
For further informa	tion concerning this matter,	please call:			
	Manuel Diner	at (<u>305</u>	825-8151		
N	ame of Person	Area Co	ode & Daytime Telephone Number		
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations ater Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	k for the following amount	;			
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (08/05)					

ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted <u>within the required 30</u> <u>business days</u> to correct the <u>attached</u> articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is: RINVEST6, LLC						
SECO (CE	ND: The articles of organization or the application to transact business ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	ATEMENT					
<u>(€.</u>	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The correct name of the Managing Member named in Article V is Rina Mugherli						
	De lurman		_				
			-				
	<u>OR</u>						
	Was defectively signed. The manner in which the document was defectively the appropriate correction are as follows:						
	· · · · · · · · · · · · · · · · · · ·						
	<u> </u>		_				
Dated:	April 13 ,2012						
	mamel Dera						
	Signature of a member or authorized representative of a member	12	SIAIG				
	Manuel Diner	APR	SION				
	Typed or printed name of signee	91	SE SE				
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	₽H : :					

Electronic Articles of Organization For Florida Limited Liability Company

L12000050309 FILED 8:00 AM April 12, 2012 Sec. Of State bkohr

Article I

The name of the Limited Liability Company is: RINVEST6, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2665 LE JEUNE ROAD SUITE 1108 CORAL GABLES, FL. US 33134

The mailing address of the Limited Liability Company is:

2665 LE JEUNE ROAD SUITE 1108 CORAL GABLES, FL. US 33134

Article III

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS.

12 APR 16 PM 1:5

Article IV

The name and Florida street address of the registered agent is:

MANUEL DINER, P.A. 7735 NW 146 STREET SUITE 300 MIAMI LAKES, FL. 33016

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MANUEL DINER

Article V

The name and address of managing members/managers are:

Title: MGRM RITA M DE IURMAN 3 GROVE ISLE DRIVE, APT 1502 COCONUT GROVE, FL. 33133 US L12000050309 FILED 8:00 AM April 12, 2012 Sec. Of State bkohr

Signature of member or an authorized representative of a member

Electronic Signature: MANUEL DINER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

SECRETARY OF SIMILAR INTERIOR OF CURRENT SIMILAR INTERIOR OF CURRENT SIMILAR INTERIOR INTERIO