L12000050319

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SECRETARY TO STATE
DIVISION OF CORPORATIONS

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APR 1 7 2012 T. HAMPTON

COVER LETTER

TO: Registration Division o	on Section of Corporations					
SUBJECT:	SUBJECT: RINVEST8, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam	:					
The enclosed Artic	les of Correction and fee(s)	are submitted	for filing			
Please return all co	rrespondence concerning th	is matter to th	e followin	ng:		
	MANUEL DINER	₹				
	Name of Person			_		
	MANUEL DINER, F	P.A.				
	Firm/Company					
77	35 NW 146 Steet, Su	ıite 300		_		
	Address					
	Miami Lakes, Fl. 33	016		·		
	City/State and Zip Code					
M	DINER@DINERLAW s: (to be used for future ann	/.COM	•	_		
E-mail addres	s: (to be used for future ann	nual report not	ification)			
For further informa	tion concerning this matter,	, please call:				
	Manuel Diner	at (305	825-8151		
N	ame of Person		Area Co			
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ations nter Circle			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	k for the following amoun	t:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status		ng Fee & d 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: RINVEST8, LLC						
SECO							
(CH	IECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STA	<u> TEMENT</u>					
√	Contains an incorrect statement. The incorrect statement, the reason the state incorrect, and the corrected statement are as follows: The correct name of the Registered Agent is Manuel Diner, P.A.	rement are as follows:					
	The correct name of the Managing Member named in Article V is Rina	a Mugherli					
	de lurman.						
	·						
	<u>OR</u>						
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:						
		·					
Dated:	April 13,2012						
	manel Due						
	Signature of a member or authorized representative of a member						
	Manuel Diner	. 12					
	Typed or printed name of signee	APR					
	Filing Fee: \$25.00 Certified Copy: \$30.00 (optional)	OF COR					

CR2E062 (08/05)

Electronic Articles of Organization For Florida Limited Liability Company

L12000050319 FILED 8:00 AM April 12, 2012 Sec. Of State jsaulsberry

Article I

The name of the Limited Liability Company is: RINVEST8, 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, FL. US 33134

The mailing address of the Limited Liability Company is:

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

Article III

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

Article IV

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

MANUEL DINE, 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

TO APR 16 PH 1: 4"

Article V

The name and address of managing members/managers are:

Title: MGRM RITA M DE IURMAN 3 GROVE ISLE DR., APT. 1502 COCONUT GROVE, FL. 33133 US L12000050319 FILED 8:00 AM April 12, 2012 Sec. Of State jsaulsberry

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.

SECHETARY OF SHAPE OF