(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
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COVER LETTER

Division of Corp			
SUBJECT:	RETOMAS BA	NCOS FLOR led Liability Company	NOA LLC
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	·
Please return all correspon	ndence concerning this matter t	o the following:	
	Poulo	DE BASTO	s S
		Name of Person	
	PAUL RE	AL ESTATE	inc
		Firm/Company	
	11840 NI	U 12th STY	रह्य
		Address	
	PLANTATI	ON, FL 333 City/State and Zip Code	522
	~	City/State and Zip Code	eyahoo.com
	E-mail address: (to	be used for future annual rep	port notification)
For further information co	oncerning this matter, please ca	11:	
Paulo T	DE BASTOS	at (954)	365 3163 Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RETOMAS E	BANCOS FLORID	ALIC.
(Name of the Limited Liab (A Flor	ollity Company as it now appears on our rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Florida document number 11200083679		5/2012 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
RBF The new name must be distinguishable and contain the words "L	TRUST LLC	19 I C" and a shiper inting W I C"
	Jinnied Elabinty Company, the designation	LLC of the abbreviation L.L.C.
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET AD)	DRESS)	· .
	,	***************************************
Date of the state		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	- <u>-</u>	
	Enter Florida street a	address
	- C'	_, Florida
N. B. J.	City	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	l complete performance of my dution l agent as provided for in Chapter (pred office address, I hereby confir	es, and I am familiar with and 605, F.S. Or, if this document is
		S AUG
	If Changing Registered Agent, Signs	
	g	E O T
•	Page 1 of 3	FES

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
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	<u></u>		□ Add
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	date, if other than the date of filing:	
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