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B. BOSTICK
AUG 10 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Rimana Properties LLC Name of Limited Liability Company	_
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ana Luisa Mik Name of Person	_
Rimana Paperties LLC	·
14530 SW 96 Teelace	<u> </u>
Miami, Fr. 33/86  City/State and Zip Code	
City/State and Zip Code    City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code   City/State and Zip Code	12 AUG SECALLARIA
For further information concerning this matter, please call:	-9
Ana Luisa Mir. at (786 ) 553-4390  Name of Person Area Code & Daytime Telephone Num	12.AUG -9 PH 4: 01 SECHERATY OF STATE ALLAHASSEE, FLORIDA
Enclosed is a check for the following amount:	<b>.</b>
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Certificate of Status Certified Copy (additional copy is enclosed)	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)

**MAILING ADDRESS:** 

Υ.

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

Rimana Proper	hies I.I.C		
(Name of the Limited Liab)	lity Company as it now appears of da Limited Liability Company)	on our records.)	
		8-1=12	
The Articles of Organization for this Limited Liability	y Company were filed on <u>Mid</u>	mi horida and assigned	
Florida document number L 120000 99 410	<u>o</u> .	•	
This amendment is submitted to amend the following	Ç.		
A. If amending name, enter the new name of the l	imited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	" the designation "LLC" or the abbreviation	
		TALE	
Enter new principal offices address, if applicable:		52 5 11	
(Principal office address MUST BE A STREET AD	DRESS)		
		55.0	
	·	지역 구	
Enter new mailing address, if applicable:	•	FLOS F.	
(Mailing address MAY BE A POST OFFICE BOX)		70 O	
1		Ď.	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ana CAmpillo	14530 SW 96 th Terrace MiAm, Fr. 33186	Add Remove
MGRM	Luis Campillo	14530 SW 96th Terrace MiAm, To . 33186	Add Remove
			Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
		inge(s) here: (Attach additional sheets, if neces.	
	8/7/20/2 ————————————————————————————————————	Fitle on Ana Luisa Mike BRM.  Spellismir  Spellismir  Spellismir  Luisa Mike	12 AUG -9 PM 4: 01  SENNE WART OF STATE TALL AHASSEE. FLORIDA
	Tyl	ped or printed name of signee	1 191.5

Page 2 of 2

Filing Fee: \$25.00