

L12000111401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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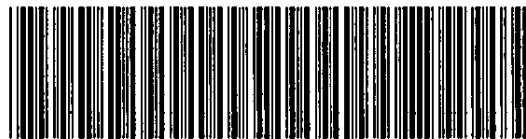
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR -6 AM 9 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
APR 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2017

DAWN MARIE BATES-BUCHANAN, ESQ.
333 6TH AVE W
BRADENTON, FL 34205

SUBJECT: RND INVESTMENT GROUP LLC
Ref. Number: L12000111401

We have received your document for RND INVESTMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include titles on page 2 of 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 317A00005750

RECEIVED
2017 APR -6 PM 12:08
TALLAHASSEE, FLORIDA

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17 APR -6 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RND Investment Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 29, 2012 and assigned
Florida document number L12000111401

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 605, 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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nine Jean Douglas	212 75th Street, Homes Beach, FL	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marne Salinas	4913 Gulf Drive	<input checked="" type="checkbox"/> Add
		Holmes Beach, FL 34217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shawn Lutus	5935 Coronado Dr #905	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leslie Tognetti	2565 Eaton St	<input checked="" type="checkbox"/> Add
		San Carlos, CA 94070	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ORDINANCE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Member - Nina Jean Douglas is deceased and her 25% interest shall be given to the following persons in equal shares, per the Nina Jean Douglas Living Trust: Leslie Tognetti, Shawn Lutus and Marne Salinas

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November _____, 2016

11-22-16 David J Hardaker CH 11-14-16
Signature of a member or authorized representative of a member

David Hardaker and Christopher Hittel, Esq.

Typed or printed name of signer

FILED
17 APR -6 AM 9 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA