

L17000012442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

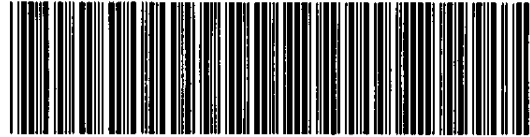
(Business Entity Name)

(Document Number)

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15 JAN 26 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 04 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RDM Motorsports, 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:

Michael Rodriguez
Name of Person

RDM Motorsports LLC
Firm/Company

1512 Max Hooks Rd. Sp B
Address

Groveland FL 34736
City/State and Zip Code

RDMMOTORSPORTS1@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rodriguez at (352) 702-1701
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

RDM Motorsports 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 1/23/14 and assigned Florida document number 61300002442.

This amendment is submitted to amend the following:

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

Demerco Restituyo LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1512 Max Hook Rd St B
Groveland FL 34736

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:

Demerco Restituyo

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.

Demerco Restituyo
If Changing Registered Agent, Signature of New Registered Agent

15 JAN 26 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|------|---------|----------------|
|-------|------|---------|----------------|

| | | | |
|-----|-------------------|-----------------------|--|
| MGR | Roberto Rodriguez | 200 Park Ave | <input type="checkbox"/> Add |
| | | Passaic Park NJ 07055 | <input checked="" type="checkbox"/> Remove |

| | | | |
|-----|-------------------|--------------------|---|
| MGR | Michael Rodriguez | 10848 Wyandotte Dr | <input checked="" type="checkbox"/> Add |
| | | Chermond FL 34711 | <input type="checkbox"/> Remove |

| | | | |
|-----|-------------------|--------------------|---|
| MGR | Raishul Restituyo | 10848 Wyandotte Dr | <input checked="" type="checkbox"/> Add |
| | | Chermond FL 34711 | <input type="checkbox"/> Remove |

| | | | |
|-----|-----------------------|----------------------|---|
| MGR | Roberto Rodriguez JR. | 14842 Spruce Pine Ln | <input checked="" type="checkbox"/> Add |
| | | Chermond FL 34711 | <input type="checkbox"/> Remove |

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 TALLAHASSEE, FLORIDA

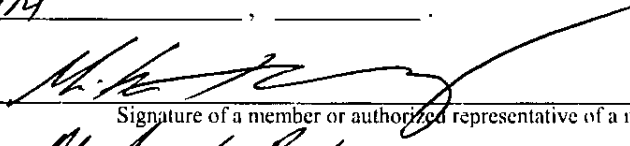
| | | | |
|--|--|--|---------------------------------|
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 1/23/14, _____



Signature of a member or authorized representative of a member
Michael Rodriguez

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA