

09/15/2014 11:17

Division of Corporations

#0018 P.001/005

Page 1 of 2

**L13000161988**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000215967 3)))



H140002159673ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP  
Account Number : I20070000037  
Phone : (954) 532-3842  
Fax Number : (954) 532-3847

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

*paulo@eagle-tax.com*

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RIAS2, LLC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

EFFECTIVE DATE

*9/15/14*

SEP 16 2014

S. YOUNG

RECEIVED  
14 SEP 15 AM 8:50  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Electronic Filing Menu: Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RIAS2, 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:

**Maria H Enriqueta Roque**

Name of Person

**Eagle Tax Representation, Corp**

Firm/Company

**5493 Wiles Road Ste 105**

Address

**Coconut Creek, FL - 33073**

City/State and Zip Code

**paulo@eagle-tax.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Paulo Oliveira, EA**

Name of Person

**954 532-3842**

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

FILED  
14 SEP 15 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIAS2, 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 11/18/2013 and assigned Florida document number L13000161988.

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 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)

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*

*City*

**Florida**

*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

**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**

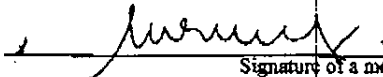
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Windfull Corporation Wickhams Cay	PO Box 662 Road Town	<input type="checkbox"/> Add
		Tortola, British Virgin Island	<input type="checkbox"/> Remove
MGRM	Jose Armando R Martinez	9581 Sunrise Lakes Unit 306	<input type="checkbox"/> Add
		Sunrise, FL 33322	<input type="checkbox"/> Remove
MGRM	Maria Hilda E Roque	9581 Sunrise Lakes Unit 306	<input type="checkbox"/> Add
		Sunrise, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
SEP 15 2014  
14  
SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/15/2014 BY 60324

**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:** 09/15/2014 (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 September 15th, 2014



Signature of a member or authorized representative of a member

Maria H Enriqueeta Roque

Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

FILED  
14 SEP 15 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA