## C140000001879

(Requestor's Name)
(Address)
,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dubliness Entry Harrie)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filling Office
Special Instructions to Filing Officer:

Office Use Only



200263753922

08/27/14--01014--021 \*\*50.00

## **COVER LETTER**

то:	Registration Section Division of Corporations					
SUBJ	RMS CONSTRUCTORS GR	,				
	(Name of Limi	(Name of Limited Liability Company)				
The er	nclosed member, resignation or dissocia	ation and fee(s	s) are submitted for filing.			
Please	e return all correspondence concerning t	his matter to:				
Chris	tina Buchan					
-	(Contact Person)		····			
The L	_aw Office of Christina Buchan, PA					
	(Firm/Company)		_			
6996	Piazza Grande Ave., Suite 213					
	(Address)		_			
Orlan	ndo, FL 32835					
	(City/State and Zip Code)		_			
For fu	rther information concerning this matte	r, please call:				
Chris	tina Buchan	407 at (	299-6363 _)			
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)			
	sed please find a check made payable to Filing Fee		-			
Regist Division Clifton 2661 I	CET/COURIER ADDRESS: tration Section on of Corporations n Building Executive Center Circle tassec, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (2/14)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMS Constructors Group, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000001879</u> .	were filed on 01-06-2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8129 Canyon Lake Cir		
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32835		
Enter new mailing address, if applicable:	P.O. Box 133 Gotha, FL 34734		
(Mailing address MAY BE A POST OFFICE BOX)	Gottia, i E 04704		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		the name of the ne	
Name of New Registered Agent:		·, · ·	
New Registered Office Address:			
	Enter Florida street address	<u>.</u>	
<u></u>	, 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

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.

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	H&M ENTERPRISES OF FLORIDA, LLC		
		2003 MCCOY ROAD	Remove
		Orlando, FL 32809	
-			
٠			Remove
			<del></del>
			D Add
			Remove
			□ Add
			Remove
			□ Remove
			Add
			Remove

). I	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
(	Effective date, if other than the date of filing:
]	Dated August 23 2014
	million
	Signature of a Method and Morized representative of a member  Manoochehr Rahmankhah
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00