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J SHIVERS

## **COVER LETTER**

TO:	Registration Se Division of Cor			
CUDI	RMS CON	STRUCTORS GROUP, LLC.		
SUBJ	ECT:	Name of Lin	nited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CHRISTINA BUCHAN		
			Name of Person	
		THE LAW OFFICE OF C	CHRISTINA BUCHAN, PA	
		<del>- · · · · · · · · · · · · · · · · · · ·</del>	Firm/Company	
		6996 PIAZZA GRANDE	AVE, SUITE 213	
Address				
		ORLANDO, FL 32835		
City/State and Zip Code			<del>·</del>	
		ū		
For fur	rther information co		•	cation)
MAN	OOCHEHR RAHM	IANKHAH	407 3678196	
•			aytime Telephone Number  \$60.00 Filing Fee, Certificate of Status &	
Name of Person  THE LAW OFFICE OF CHRISTINA BUCHAN, PA  Firm/Company  6996 PIAZZA GRANDE AVE, SUITE 213  Address  ORLANDO, FL 32835  City/State and Zip Code  RMSCONSTRUCTORS@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  MANOOCHEHR RAHMANKHAH  At (1)  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee \$\$55.00 Filing Fee & \$60.00 Filing Fee,				
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

**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**

RMS CONSTRUCTORS GROUP, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our record Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number L14000001879	were filed on 05/20/2015	and assigned	
Florida document number			
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 contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	EDDIE PAUL BUCHAN		
(Principal office address MUST BE A STREET ADDRESS)	6996 PIAZZA GRANDE AVE, SUITE 212		
	ORLANDO, FL 32835		
Enter new mailing address, if applicable:	SAME AS ABOVE		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the	
Name of New Registered Agent:	+ <del></del>		
New Registered Office Address:	Enter Florida street addres.		
	Linei Fibriad Meet addres.	, ,	
	, Flo	orida Zip Code	
New Degistered Agent's Signature if changing Degistered Agents	•	Zip Code	

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 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>	Type of Action
AMBR	EDDIE PAUL BUCHAN	6996 PIAZZA GRANDE AVE, SU	■ Add
		ORLANDO, FL 32835	☐ Remove
		·	Change
AMBR	MANOOCHEHR RAHMANKHAI	8129 CANYON LAKE CIR	Add
		ORLANDO, FL 32835	■ Remove
			□ Change
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Effective date, if other than t	he date of filing:	(optional) ate of filing or more than 90 days after filing.) Pure	
f an effective date is listed, the date: Note: If the date inserted in this	must be specific and cannot be prior to d	ate of filing or more than 90 days after filing.) Pur statutory filing requirements, this date will	not be listed a
	Department of State's records.		
		n effective time, at 12:01 a.m. on t	the earlier o
The 90th day after the r	ecord is filed.		<i>~</i>
> 4 1 7 A 1	2012		
Dated MAY 21	, 2015		
		(m) / //////////////////////////////////	
	Signature of a member or authorize	d representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00