# L14000017339

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SECRETARY OF STATE

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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

# R & M IMPORT AND EXPORT 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:

# JUAN M MAIRENA-PORTILLO

Name of Person

# R & M IMPORT AND EXPORT LLC

Firm/Company

## 10239 SW FLAGLER TER

Address

MIAMI, FL 33174

City/State and Zip Code

## JMAIRENA@GREENSOLNET.COM

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

For further information concerning this matter, please call:

## JUAN M MAIRENA-PORTILLO

,786,395-949

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

R & M IMPORT AND EXP			
(Name of the Limit	ed Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited L Florida document number <u>L14000017339</u>	iability Compar	ny were filed on <u>01/30/2014</u>	and assigned
his amendment is submitted to amend the following	owing:		
. If amending name, enter the new name o	f the limited lia	ability company here:	
N/A			
he new name must be distinguishable and end with the	words "Limited Li	ability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREE	T ADDRESS)		
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and		office address on our records, en	SCORE ARE ARE OF the name of the n
registered agent and/or the new registered o	-		The name of the n
Name of New Registered Agent:	N/A	V	
New Registered Office Address:	N/A		
		Enter Florida street address	

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ated _}	narch 26.	<u>)                                    </u>	<u> 2014</u> .		
	2	/	·		
	Juan m	Signature of a r	nember or authorize	M77/10	a member
	<del>-</del> ,		Typed or printed na	ame of signee	

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Filing Fee: \$25.00

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