14000037866

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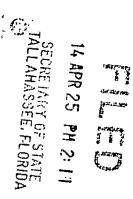
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COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	RMR3	LLC		
			Name of Limi	ited Liability Company	and the second s
The enc	closed Articles of	of Amendment	and fee(s) are sub	mitted for filing.	
Please r	eturn all corres _i	pondence conc	erning this matter	to the following:	
			MARCUS	PELLE Name of Person	
				Name of Person	
		<u></u>	KUYAMO	Firm/Company	
				Firm/Company	
			2700 N	MIAMI AVENUE,	SUITE 80A
				Address	
			MIAMI I	FL 33127 City/State and Zip Code	
				City/State and Zip Code	
			Moelle a	Kuyamoto. a lo be used for future annual report noti	COM fication)
For furt	her information		is matter, please ca		
	MARCUS	S PE	LLE	at (305) 766 - Area Code Daytim	3155 e Telephone Number
	Name	oi Person		Area Code Dayum	e Telephone Number
Englass	ad is a shoot for	the following	omount.		
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₩ \$23	5.00 Filling Fee		ficate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
				(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
		LING ADDR		STREET/COURI	
		stration Section sion of Corporation		Registration Section Division of Corporation	

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMR3 LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L14 000 037866</u> . This amendment is submitted to amend the following:	were filed on <u>63/66/2014</u> and assigned
· ·	
A. If amending name, enter the new name of the limited liab	onty company nere:
The new name must be distinguishable and end with the words "Limited Lial	pility 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)	
registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent:	A S
New Registered Office Address:	AS A "T
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	20≥
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

AMDR - Au	thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	pasheed ali	429 LENNOX AVENUE	Add
		SUITE 400	Remove
		MIAMI BEACH, FL 331	<u>39</u>
			
			Remove
			Add
			□ Remove
			_
		· En	□ Add
		· · · · · · · · · · · · · · · · · · ·	Add Remake
			APR 25 PA
			Add ?:
			Remove
			
			□ Add
			□ Remove

ve date, if other than the date of filing:
23rd April , 2014.
·) //
Signature of a member or authorized representative of a member
c

Page 3 of 3

Filing Fee: \$25.00

14 APR 25 PH 2: 11
SEUNCIARY OF STATE
TALLAHASSEE, FLORING