Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000173712 3)))



H140001737123ABC-

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : BARBOSA LEGAL Account Number : 120110000049 Phone : (305)501-4680

Fax Number : (305)359-9543

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

Email Address: bbarbosa@barbosalegal.com

KECELVED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RN REZENDE NOGUEIRA, LLC

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H14000173712 3 COVER LETTER

TO: Registration Section

Division of Corporations

" RN REZENDE NOGUEIRA, 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:

Bruna Barbosa
Name of Person
Barbosa Legal
Finn/Company
407 Lincoln Road PH-NE
Address
Miami Beach, FL 33139
City/State and Zip Code
bbarbosa@barbosalegal.com
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruna Barbosa

*_,*305,501-4680

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:

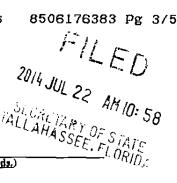
Registration Section Division of Corporations P.O. Bux 6327 Tallahussee, PL 32314 STREET/COURIER ADDRESS:

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

07/22/14 10:35AM EDT Barbosa Legal -> Division of Corporations H140001737123

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RN Rezende Nogueira, 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 L Florida document number L14000078047	iability Compa	ony were filed on 05/13/201	4 and assigned
This amendment is submitted to amend the foll	owing:		
A. If smending name, enter the new name o	f the limited li	ability company here:	
N/A			
The new name must be distinguishable and end with the	words "Limited I	iability 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)		
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and		office address on our rec-	ords, enter the name of the new
registered agent and/or the new registered of	fice address h	ocre:	
Name of New Registered Agent:	N/A		
New Registered Office Address:		Enter Florida street au	
		Enter Florida strket ad	<i>ar</i> en v
		City	, Florida
Slave Washington & a seek Ok		CHY	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

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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

Title	<u> </u>	Address	ype of Action
MGR	Maria Cristina Rezende	407 Lincoln Road PH-NE	□ Add
		Miami Beach, FL 33139	Remove
MBR	Maria Cristina Rezende	407 Lincoln Road PH-NE	≅ Add
		Miami Beach, FL 33139	🛘 Remove
			□ ∧dd
] Remove
		SSE WHY SELLING	7711.E
		FLORID:	Remove (C)
			l Remove
] Add
			Remove

N/A		
C. Effective date, if other than the d (The effective date must be specific, cannot the date this document is filed by the Flori	be prior to date of receipt or filed date and cannot be	(optional) more than 90 days after
Dated July 22	2014	
Dated Gary ZZ		
	runa Barbosa	
/4 B	ignature of a member or authorized representative of a . Esq.	t'a member
/ <i>y</i> / 8	ignature of a member or authorized representative of	Talk JUL 22

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Filing Fee: \$25.00