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COVER LETTER

TO: Registration Section Division of Corporations	in the second se
R5M INVESTMENMTS, LLC	
Name of Limited Liab	oility Company
Dear Sir or Madam:	
The enclosed Statement of Correction and fee(s) are submitted for filing	g.
Please return all correspondence concerning this matter to the following	g:
CLEITON CARDOSO	
Name of Person	
DOMINIUM CONSULTING SERVICES, LLC	
Firm/Company	_
121 S. ORANGE AVE. STE.1110, NORTH TOWER	
Address	_
ORLANDO-FL-32801	
City/State and Zip Code	_
CLEITONCARDOSOMN@YAHOO.COM	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
CLEITON CARDOSO 407	7609614
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee &	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (2/14)

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. The name of the limited liability company is: R5M INVESTMENMTS, LLC FIRST: The Florida Document number of the limited liability company is: L14000086521 **SECOND:** THIRD: Document to be corrected is: ARTICLES OF ORGANIZATIONS (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT 1 Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: THE NAME IS SPELLED WRONG, (R5M INVESTMENMTS, LLC). THE CORRECT NAME IS: R5M INVESTMENTS, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective.

> Filing Fee: Certified Copy:

\$25.00

\$30.00 (optional)

Signature of Authorized Representative