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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 06 2014

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: R Brothers Venture, 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:

**Mary Pat Hevener**

\_\_\_\_\_  
Name of Person

**R Brothers Venture, LLC**

\_\_\_\_\_  
Firm/Company

**6300 NE 1st Avenue, Suite 300**

\_\_\_\_\_  
Address

**Fort Lauderdale, FL 33334**

\_\_\_\_\_  
City/State and Zip Code

**mph@roschman.com**

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

For further information concerning this matter, please call:

**Mary Pat Hevener**

**954 343-2471**

at ( )

\_\_\_\_\_  
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

R Brothers Venture, LLC

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**MGR = Manager**  
**AMBR = Authorized Member**

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TALLAHASSEE, FLORIDA

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☒ Remove  
☐ Add  
☐ Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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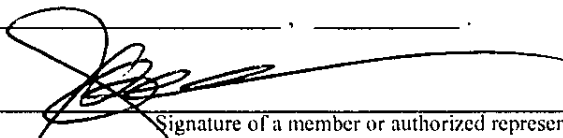
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Robert Roschman

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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