Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name, : GM FINANCIAL GROUP

Account Number : I19980000102

: (954)428-8899

Phone Fax Number

: (954)428-6699

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

Email Address: ANDALLATONA (PA) (PM)

16 MAR 17 AM 9: 55

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R & R EAST 8TH STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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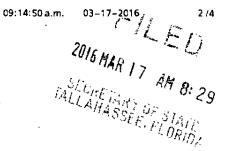
Electronic Filing Menu

Corporate Filing Menu

Help

H160000680363

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

R & R EAST STH STREET, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.)	
(A A TOSTON EMPLOY EN	ability Company,	
The Articles of Organization for this Limited Liability Company v	were filed on 12/19/14	and assigned
Florida document number L14000193606		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	llty company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the a	bbreviation "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)		
maning address that the ATOST OFFICE DOM		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	

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.

Clty

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	Name	<u>Address</u>	Type of Action
MGRM	LISA A LATONA	838 NEAPOLITAN WAY,	
		NAPLES, FL 34103	■ Remove
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			Remove
,			Change 2
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Affective date, if other than to fan effective date is listed, the date is	he date of filing:		(optional)	)
Note: If the date inserted in this	s block does not meet the app	dicable statutory filing	requirements, this date	will not be listed as the
document's effective date on the	: Department of State's recon	ds.		
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3/16	2016	<u></u> .		
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Filing Fee: \$25.00