

Division of Corporations Electronic Filing Cover Sheet

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(((H15000082875 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: EACLE TAX REPRESENTATION, CORP.

Account Number : I20070000037

: (954)532-3842

Fax Number

: (954)532-3847

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RBG 2009, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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K. SALY EXAMINER

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APR - 6 2015

04/02/15

COVER LETTER

TO: Registrat Division						
SUBJECT:	G 2009	, LLC				
30112C1,		Name of Lim	ited Liability Compa	iny		
The enclosed Artic	eles of An	nendment and fcc(s) are sub	mitted for filing			
		ence concerning this matter	_			
		Roberto B Goncalve	es			
	Name of Person					
		Eagle Tax Represer	ntation, Corp			
	Firm/Company					
		5493 Wiles Road Su	iite 105			
			Address			
		Coconut Creek, FL -	33073			
			City/State and Zip	Cade		
		paulo@eagle-tax.con	n o be used for future			
For further informa	ation cond	erning this matter, please co		мания терогі понне	anon)	
Paulo Oliveira			954	532-3842		
	ame of Pe	rson	at (at Coc	`	Telephone Number	
Enclosed is a check	c for the f	ollowing amount;				
■ \$25.00 Filing F	-cc	□ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Certified Co (additional cop	рру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
R D P	legistration of P.O. Box (ADDRESS: on Section of Corporations 5327 e, FL 32314	Re Di Cli 26	REET/COURIE gistration Section vision of Corporat itton Building 61 Executive Cent llahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RBG 2009, LLC (Name of the Limited Linbility Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 03-10-2015 ____ and assigned Florida document number L15000044157 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

<u>Title</u>	<u>Nume</u>	Address	Type of Action
AMBR	Roberto B Goncalves	200 Sunny Isles Blvd	
		Sunny Isles, FL - 33160	■ Remove
AMBR	Maria Lygia J Goncalves	200 Sunny Isles Blvd	
		Sunny Isles, FL - 33160	■ Remove
AMBR	Goncalves Holdings LTD	801 Brickell Ave Suite 1610	■ Add
		Miami, FL - 33131	□ Remove
			O Add 20 S PROTOPR - 3 AM 1:
			Remove
			□ Add
			•

If amending any other information, enter change(s) here: (Attach additional she	cts, if necessary.)
	N=1.
H. 1818 / W. 1 - 1819	4.66.00
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more that date this document is filed by the Florida Department of State)	(optional) nm 90 days after
Dated April 2nd, 2015	ž
Signature of a member or suthorized representative or a men	GONCALVES

Page 3 of 3 Filing Fee: \$25.00

