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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	•
(Document Number)	•
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J. HARRIS

COVER LETTER

Division of Cor	porations					
SUBJECT:	R&M GLOI	BAL US LLC				
	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subi	nitted for filing.				
Please return all correspo	ondence concerning this matter t	to the following:				
	R	ODRIGUEZ, MARY R				
		Name of Person				
	R&	M GLOBAL US LLC				
	Firm/Company					
	2656 NW 97 AVE					
		Address				
	DO	RAL FLORIDA 33172				
		City/State and Zip Code	····			
		LEZI@HOTMAIL.COM				
	E-mail address: (1	o be used for future annual report not	fication)			
For further information of	concerning this matter, please ca	all:				
RODRIGUI	EZ, MARY R	786 624	4-8526			
Name o	of Person	Area Code Daytin	ne Telephone Number			
Enclosed is a check for t	he 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:

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&M GLO	OBAL US LLC
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Company were filed onELORIDA \(\mu \mathcal{28} \) 16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	(ESS)
Enter new mailing address, if applicable:	SECOND CONTRACTOR OF THE PROPERTY OF THE PROPE
Mailing address MAY BE A POST OFFICE BOX)	% 5. N 1 mm
	54 P U
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, entersthe name of the nees here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Frontia Sirect duaress
	, Florida
	City 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

IGR = N MBR = A	lanager Authorized Member	•	
<u>itle</u>	<u>Name</u>	Address	Type of Action
1GR			□ Add
			Remove
			□ Change
			□ Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
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			Remove
			Change
			Add

_□ Change

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CORRI	ECT THE NAME TO	D:						
RODRI	GUEZ, VERONICA	A M						
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Natad	JULY 7TH		2016	•				
)aieu		m	10				SEC	<u></u>
Dated		_1/0	4 K. K	10 Den 10	Me.			
		Signature of a	thember or author	rized representati	ve of a member			450 FE

Filing Fee: \$25.00