116000170196

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e: #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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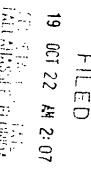
Office Use Only



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08/21/19--01017--012 **55.00

S. YOUNG
S. YOUNG
S. YOUNG





FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2019

ELIZABETH RAMIREZ R & S INVESTIGATIVE GROUP LLC 2300 N ATLANTIC AVENUE UNIT 701 DAYTONA BEACH, FL 32118

SUBJECT: R & S INVESTIGATIVE GROUP "LLC"

Ref. Number: L16000170186

We have received your document for R & S INVESTIGATIVE GROUP "LLC" and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

M.D. SMITH IS NOT LISTED AS REGISTERED AGENT

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia-H Young Regulatory Specialist II

Letter Number: 119A00017957

Dear Mis Young,

Tapologice for the error. M.D. Smith should be
removed as manager. Thank-you.

Respectfully yours, Einstein Rominer 407-669-2860

www.sunbiz.org

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|---|
| SUBJECT: | R + S INVES | STIGATIVE GROW ed Liability Company | P"LLC" |
| The enclosed Articles of | Amendment and fee(s) are subm | sitted for filing. | |
| Please return all correspo | ndence concerning this matter to | the following: | |
| | Elizabet | h Kanirez Name of Person | |
| | | Name of Person | -1 |
| | • | | |
| | | Firm/Company | |
| | 2500 N. | Atlantic Ave | # 701 |
| | Day-towa B | each FL 32118 City/State and Zip Code | |
| | E-mail address: (to | 12 2 Q r S WOrld fir, C be used for future annual report notifi | o m |
| For further information c | oncerning this matter, please cal | I: | |
| Elnah | eth Ramirez | at (<u>407</u>) <u>669</u> . Area Code Daytime | 2860 |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIS INVESTIGATIVE GOODP "LLC"

| (<u>Name of the Limited Liability Compan</u> (λ Florida Limited Li | ry as it now appears on our records.) ability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Company v Florida document number $\underline{-16000170186}$. | were filed on $02/11/2019$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabil | lity company here: |
| The new name must be distinguishable and contain the words "Limited Liability" | ty Company," the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | 8 - |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | T 22 M 2:0 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | |
| 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-----------------------|----------------|
| MGR | M.D. Smith | 3505 LAKE LYNDA Drive | |
| | | 516 Z00 | Remove |
| | | ORLANDO, PL 32817 | 🗆 Change |
| | | | |
| | | | □ Remove |
| | | | Change |
| | | | 🗆 Add |
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| (optional) of filing or more than 90 days after filing.) Pursuant to 605.0 tutory filing requirements, this date will not be listed |
|---|
| ffective time, at 12:01 a.m. on the earlier |
| |
| presentative of a member |
| |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00