L/6000226394

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K. SALY AUG - 8 2017

COVER LETTER

Division of Corporations						
SUBJECT: RNS Sales 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:						
Sata, Zohair						
Firm/Company						
2924 N Orange Blossom Trl						
City/State and Zip Code						
Zohairsaba@amail.com						
E-mail address: (to be used for future innual report notification)						
For further information concerning this matter, please call:						
Sam. 70mir 1221, 429-5904						
Name of Person Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)						
MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section						
Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our record

(A Florida Limited Liability Company)	11:
The Articles of Organization for this Limited Liability Company were filed on 12/14/10 and assigned Florida document number 1/1000226394	
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 contain 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	
13/10/ 110/ INC. THE AREA CO.	
	<u> </u>
, Florida	_
City Zip Code New Registered Agent's Signature, if changing Registered Agent:	
, Florida	h the

If Changing Registered Agent, Signature of New Registered Agent

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
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		Winter Garden, Fr. 34	787_□ Remove
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Filing Fee: \$25.00