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COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:		RT 712, LLC				
SOBJECT		Name of Limited Liability Company				
The enclose	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspoi	ndence concerning this matter	to the following:			
		Humberto J. Moreno, J.D.				
			Name of Person			
		Moreno & Associates				
			Firm/Company			
			Address			
		Miramar, FL 33025				
			City/State and Zip Code			
		admin@accountingbwtba.c				
			to be used for future annual report noti	lication)		
For further	information co	oncerning this matter, please co	all:			
Humberto J. Moreno, J.D.			954 6038978 x 8			
	Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed is	a check for th	e 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, F1, 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

FRANKFURT 712, LLC (Name of the Limited Liability 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 $\frac{2/9/2017}{1}$ _____ and assigned Florida document number $\frac{1.17000032557}{}$ 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: N/A 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.

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>	<u>Address</u>	Type of Action
AMBR	ROHRSCHEIB, HANNELORE	8525 QUITO PLACE	
		WELLINGTON, FL 33414	Remove
			Change
AMBR	ROHRSCHEIB. ERIC	11125 Marina Bay	Add
		Wellington, FL 33449	Remove
			□ Change
			□ Add
			☐ Remove
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Filing Fee: \$25.00