L17000072666

(Requestor's Name)	
(Address)	
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COVER LETTER

TO: Registration So Division of Cor			
RMR Flori			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rafael E Read		
		Name of Person	
	RMR Florida LLC		
		Firm/Company	
	100 Costa del Sol Bouleva	rd	
		Address	
	Doral FL 33178		
	BAFAR/e/ins	City/State and Zip Code S read & Gmnil to be used for future annual report notifi	.Com
For further information c	concerning this matter, please ca	·	Cation
Rafael E Read		718 696-7210 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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:

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

RMR Florida LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on March 30, 2017	and assigned
Florida document number L17000072666	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LI.C" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
Principal office address MUST BE A STREET	(ADDRESS)	
	•	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
3. If amending the registered agent and/o	r registered office address on our records, ent	er the name of the n
egistered agent and/or the new registered off		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	City	Zin Cods

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>	Address	Type of Action
AP	Maria Read	6135 98th Street Apt 9H	
		Rego Park, NY 11374	Remove
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reco	90th day after the record is filed.
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e reco The ated_	90th day after the record is filed.

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Filing Fee: \$25.00