

L17000090730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

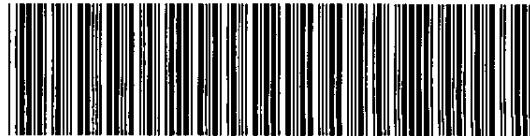
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Waivers Filing fee. Filing
fee waived due to error on
part of this office. Name
Unavailable on initial filing.

T.B.
5-15-17



800275845338

FILED
17 MAY 15 PM 2:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

T. BURCH

MAY 15 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RER Holdings, 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:

Randy Rieger

Name of Person

RER Holdings, LLC

Firm/Company

3225 Aviation Avenue, Suite 602

Address

Coconut Grove, FL 33133

City/State and Zip Code

mattr@htgf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Rieger

at (305) 537-4707

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2017

RER HOLDINGS, LLC
3225 AVIATION AVENUE
STE 602
COCONUT GROVE, FL 33133

SUBJECT: RER HOLDINGS, LLC
Ref. Number: L17000090730

enclosed

This is to advise you that on April 24, 2017, we filed your entity under the above name, which was not available.

Therefore, we request that you file an amendment, at no charge, to change the name of your entity to make it distinguishable from the existing entity. We have enclosed forms and guidelines for your assistance.

We apologize for this inconvenience and trust that you understand the urgency in completing this amendment, and returning it along with a copy of this letter to my attention as soon as possible.

If you have any questions, please call (850) 245-6052.

Sincerely,

Tim Burch
Regulatory Specialist III
New Filing Section

Letter Number: 017A00008086

GENERAL AFFIDAVIT

State of FLORIDA

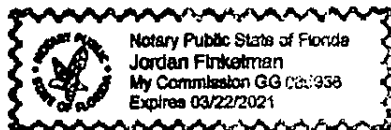
County of Miami-Dade

Before me this day personally appeared Randy Rieger who, being duly
affiant
sworn deposes and says:

The principals of Randy Rieger, P.A. and the limited liability company RER Holdings, LLC are the same members. The Division of Corporations of Florida is hereby authorized to change the name of RER Holdings, LLC to Randy Rieger, LLC, whose principal members will remain the same. The company shall remain a separate limited liability company from Randy Rieger, P.A..

Randy Rieger
signature of affiant

Sworn to (or affirmed) and subscribed before me this 15 day of May, 2017, by
Randy Rieger who ☒ is personally known to me or ☐ produced a
as identification.



(SEAL)

Jordan Finkelstein
notary public signature
Jordan Finkelstein
notary public printed name

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RER Holdings, 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 4/24/2017 and assigned
Florida document number L17000090730.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Randy Rieger, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
MAY 15 PM 2:58
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

_____, 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

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
17 MAY 15 PM 2:58
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 8, 2017

May 8 2017

Signature of a member or authorized representative

Randy Rieger

Typed or printed name of signee