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AT NOV 17 PN 5:5

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	R & G SER	VICES LLC		
WODULCT.	-	Name of Lim	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		MARIA T AZEREDO		
			Name of Person	
		RISE CONSULTING GRO	OUP LLC	
			Firm/Company	
		9300 NW 25TH ST STE 1	09	
			Address	- · · · · · · · · · · · · · · · · · · ·
		DORAL FL 33178		
			City/State and Zip Code	
		TEREZAZEREDO@GMA	IL.COM to be used for future annual report notifi	outine)
For firether i	uformation ca	oncerning this matter, please ca	·	canony
		oncerning and matter, picase ea		
MARIA T A			786 731-1899 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

R & G SERVICES LLC			
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000229792	oility Company	were filed on 10/01/2017	and assigned
his amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liab	oility company here:	
R & G TRADING LLC			
he new name must be distinguishable and contain the wor	ds "Limited Liab	ility Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	- <u>-</u>	
Principal office address MUST BE A STREET	ADDRESS)	N/A	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	9X)	N/A	
			
3. If amending the registered agent and/or	registered o	ffice address on our records, <u>en</u>	ter the name of the
egistered agent and/or the new registered offic	<u>e address her</u>	<u>·e</u> :	
			111
Name of New Registered Agent:			고 고 그
New Registered Office Address:	N/A		ioni un
New Registered Office Address.		Enter Florida street address	
		, Florida	1
		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:

MCD -	Managan
MCK -	Manager
AMBR =	· Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			☐ Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			Add
			□ Remove
			☐ Change
		 	DAdd
			□ Remove
			Change

			□ Remove

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						·	
Effective date, if other the	an the date of filing	NOV 7, 20			_ (optional)) D	(DE O
Note: If the date inserted in document's effective date or	this block does not n	meet the appli-	cable statutory				
he record specifies a de The 90th day after th			ot an effect	ive time, at 1	.2:01 a.m.	on the	3
Dated NOV. 7		2017					1 7 PM
	A	- JA	·				골 5. 5.
	Signature of a	member or aut	norized represen	ntative of a member	r	2335 fr \$55 fair	5. 57

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Filing Fee: \$25.00