

L18000148255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

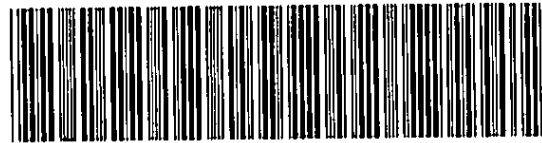
(Business Entity Name)

(Document Number)

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FILED  
2019 APR 15 PM 3:37

Amend/Name  
chg

APR 16 2019

LALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

5704 MULBERRY LLC

SUBJECT: \_\_\_\_\_  
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:

Amelia Diaz

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

3252 ne 1 ave ste 207

\_\_\_\_\_  
Address

Miami, FL 33137

\_\_\_\_\_  
City/State and Zip Code

rbfinancialsales@gmail.com

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

For further information concerning this matter, please call:

Amelia Diaz

786 955 4216

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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)

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DRESS:

rele



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 2, 2019

AMELIA DIAZ  
3252 NE 1ST AVE  
STE. 207  
MIAMI, FL 33137

SUBJECT: 5704 MULBERRY LLC  
Ref. Number: L18000148255

RECEIVED  
2019 APR 15 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

We have received your document for 5704 MULBERRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must have original signatures.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00006544



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2019

AMELIA DIAZ  
3252 NE 1 AVE  
STE. 207  
MIAMI, FL 33137

SUBJECT: 5704 MULBERRY LLC  
Ref. Number: L18000148255

We have received your document for 5704 MULBERRY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or "Limited Liability Company" or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

The document must have original signatures.

You failed to sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 419A00004280

CEIVED

2019 FEB -1 PM 1:54

CLERK OF  
CLERK

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

5704 MULBERRY LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2019 JUN 15 PM 3:37

The Articles of Organization for this Limited Liability Company were filed on June, 2018 and assigned  
Florida document number L18000148255.

This amendment is submitted to amend the following:

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

RB Coaching, 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)**

**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: Raul Bolufe

New Registered Office Address: 3252 NE 1 AVE STE 207

*Enter Florida street address*

MIAMI, Florida 33137

*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>
MGR	RAUL BOLUFE	3252 NE 1 AVE STE 207 MIAMI FL 33137	<input checked="" 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
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[illegible]

**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.

Dated FEBRUARY 15, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee