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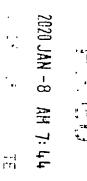


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## **COVER LETTER**

TO: Registration Section Division of Corpor			
	its Gomin	116	
SUBJECT: UII	Name of Limite	ed Liability Company	
The enclosed Articles of Am	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Liliana	Name of Person	•
		Firm/Company	<del></del>
	8979 W	35th AVE	<del></del>
		Address	00
	Hialea	h Gardens, FC	33018
	( +1	City/State and Zip Code	
	E-mail address: (to	5 be used for future annual report not	fication)
For further information con-	cerning this matter, please ca	u:	
1.1		200	1.6.9.1
Liliana toja	etson	at (202) 341 15 Area Code Daytin	16 18 8. Te Telephone Number
, and y	<b>4</b>		
Enclosed is a check for the	following amount:		
		☐ \$55,00 Filing Fee &	□ \$60,00 Filing Fee.
□ \$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	ation	<u>Street Address:</u> Registration Se	ection
Registration Se Division of Co		Division of Co	
P.O. Box 6327		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tottabaline, FL 00303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTR GROUP 1	UC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number \( \begin{align*} \lambda \text{NOOD 12\0 \begin{align*} \lambda \text{L} \\ \text{This amendment is submitted to amend the following:} \end{align*}	
A. If amending name, enter the new name of the limited liabil	
The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Hraleah Gardens, FC 33018
Trincipal office dudress MOST DE ASTRILLT ADDITIONS	110000000000000000000000000000000000000
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	8979 W 35th AUE Halpah Gardons, Fe 33018.
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	1
4025	a Reyes) Servi Express LLC. W 203RDAUB
The strong state of the state o	Enter Florida street address  2 PWS FL Florida 33029.
<u></u>	City Zip Code
New Designation A Agent's Companies of abanding Designation Agents	

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
MRG	Liliana Rojas	8979 w 35th Ave Alabah, Fl. 35	OIS Axada
	· ·		□ Remove
			□Change
AMBR	Margarita Reyes	9222 Fox Sparrow RD. Tampa, FL 33x0260	□ Add
		Tampa, FL 33x0260	1. Remove
			□ Change
		<del></del>	□ Add
			Петюче
			□Change
			□Add
	•		□Remove
			□ Change
		<del></del>	□ Add
			□Remove
			□Change
<del></del>			
			□Remove
			□Change

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
<del></del>	
Note: I	re date, if other than the date of filing:
ord is file	•
Dated	January 04 2020
Dated _	Signature of a member or authorized representative of a member
	Typed or printed frame of signee

Filing Fee: \$25.00