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02:58 PM

TO:18506176383 FROM:5615375904

10/23/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003143693)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 : (407)370-3686 Phone Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FERNANDA . ID @ LARSONACC . COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RJR MASSINI LLC

Certificate of Status	0
Certified Copy	0
Page Count	04 3
Estimated Charge	\$25.00

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Corporate Filing Menu

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COVER LETTER

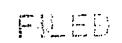
TO:	Registration Sec Division of Corp			
0110.11	RJR MASSI	NI LLC		•
SUBJI	ECI:	Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		CAROLINE LARSON		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		LARSON ACCOUNTING	& CONSULTING SERVICES LLC	
		<u> </u>	Firm/Company	
	7901 KINGSPOINTE PARKWAY STE 17			
			Address	
		ORLANDO, FL 32819		
			City/State and Zip Code	··· <u>·</u> ··
		PRIVATE@LARSONACC		
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	ncerning this matter, please co	all:	
CARG	OLINE LARSON		407 370 3686	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		
≅ \$2	5.00 Filing F∝	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RJR MASSINI LLC		2999_0CT 23 🗈 2-37
(Name of the Limited Lin	bility Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit Florida document number L19000159734	ry Company were filed on 06/	17/2019 TAEEAHASSEE FEGULA and assigned
This amendment is submitted to amend the following	g :	
A. If amending name, enter the new name of the	limited liability company he	re:
The new name must be distinguishable and contain the words	Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida 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

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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
MGR	RODRIGO MASSINI	R Caminho do Pilar 475 APT 32B	
		Santo Andre, SP 09190000 BR	☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			C Remove
			Change
			🗖 Add
			☐ Remove
			Change
			D Remove
			Change
			☐ Remove
			☐ Change

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F	C. Effe	ctive date, if other the	n the date of filing	g:	(optional)	
	Note	effective date is listed, the d if the date inserted in iment's effective date on	this block does not n	neet the applicable statutory f	r more than 90 days after filing.) Pursuant to 60 ling requirements, this date will not be list	5.0207 (3) ted as the
1	f the r	record specifies a de ne 90th day after th	layed effective of record is filed.	date, but not an effectiv	e time, at 12:01 a.m. on the earl	ier of:
	Date	SEPTEMBER 26		2019		
				renata mas	รากา	
			Signature of a	member or authorized representa	tive of a member	
		RENATA FURL	AN MASSINI			
				Typed or printed name of signe	ŧ	

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Filing Fee: \$25.00