

M14000004059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

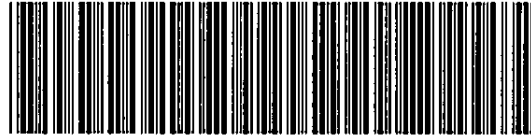
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

2014 JUN 20 PM 3:29

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JUN 23 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMR INVESTMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANUEL CAMPOS

Name of Person

Firm/Company

77 HARBOR DRIVE SUITE 5

Address

KEY BISCAIYNE, FL 33149

City/State and Zip Code

MCG@CG-CONS.COM

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

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

MANUEL CAMPOS

Name of Person

305

Area Code

961 1192

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: RMR INVESTMENTS LLC

SECOND: The Florida Document number of the limited liability company is: M14000004059

THIRD: Document to be corrected is:
REGISTRATION OF FOREIGN LIMITED LIABILITY COMPANY

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

AUTHORIZED PERSON, TITLE IS INCORRECT, ADDRESS MISSPELLED

TITLE SHOULD BE MANAGER (MGR)

STREET ADDRESS IS: 77 HARBOR DRIVE SUITE 5

KEY BISCAYNE, FL 33149

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

The electronic transmission of the record was defective.

Michael Lopez

6/19/2014

Signature of Authorized Representative

Date

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NOT RECORDED
FLORIDA

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**Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)**