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COVER LETTER

TO: Registration Sec Division of Corp			
	/ICE SOLUTIONS, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	KENYA ANDERSON		
		Name of Person	
	R&M SERVICE SOLUTION	ONS, LLC	
		Firm/Company	
	7256 WESTPORT PLACE	E, STE A.	
		Address	· ·· · · · · · · · · · · · · · · · · ·
	WEST PALM BCH, FL 33	3413	
		City/State and Zip Code	-
	KENYA@RANGELINE.CO		
		o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	dl:	
KENYA ANDERSON		561 798-3224 at ()	
Name of	Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	e 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi		on our records.)
Canada at the ca	ted Liability Company as it now appears (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L Florida document number L09000114038	iability Company were filed on NO	VEMBER 30, 2009 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the	words 'Limited Liability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	cable:	
(Principal office address MUST BE A STREI	ET ADDRESS)	
	,,,,,	<u> </u>
		A CI TI
Enter new mailing address, if applicable:		S
(Mailing address MAY BE A POST OFFICE	BOX)	
		OR I
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the new
Name of New Registered Agent:	NATHAN E. NASON, ATTORN	EY AT LAW
New Registered Office Address:	1645 PALM BEACH LAKES BL	VD, STE 1200
	Enter Flor	ida street address
	WEST PALM BEACH	, Florida ³³⁴⁰¹
	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 ad or removed from our records: MGR = Manager AMBR = Authorized Member			
AIVIBR = A	Name	<u>Address</u>	Type of Action
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			☐ Remove
			□ Change
		· · · · · · · · · · · · · · · · · · ·	Add
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09-29-2015	(
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to d	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this block does not meet the applicable locument's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed a
ocument's effective date of the Department of State's records.	
e record specifies a delayed effective date, but not a	a effective time at 12:01 a.m. on the earlier
The 90th day after the record is filed.	Tenedave time, at 12.01 a.m. on the carner
SEPTEMBER 29 2015	1.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00