119000027308

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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
JPR2 Services			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pamela R. McLaughlin		
		Name of Person	
	JPR2 Services LLC		
		Firm/Company	
	8402 Shenandoah Run		
		Address	
	Wesley Chapel, FL 33544		
		City/State and Zip Code	
	pam_mclaughlin@verizon.i	net to be used for future annual report notific	ention)
For further information c	oncerning this matter, please c		ation)
Pamela R. McLaughlin		813 245-3225 at ()	
Name o	f Person	Area Code Daytime	l'elephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Secti	ion
Division of C		Division of Corpo	

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Taliahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000027308</u> .	ny were filed on January 25, 2019	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
RPM Accounting Services LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility 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)		FIL 2028 JAN 2 SECRETAL TALLIAN	
Enter new mailing address, if applicable:		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Mailing address MAY BE A POST OFFICE BOX)		D 3: 56 F STATE FEEL FL	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the	name of the new registe	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florid	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	be specific and cannot be prior to ck does not meet the applica	o date of filing or more than 5	(optional) 0 days after filing.) Pursuant to 6 ments, this date will not be l	505.0207 (3)(isted as the
e record specifies a delayed effective rd is filed.	date, but not an effective tir	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
Dated	2023			
(N. 1	A my clan	akli		
- Compute	Signature of a member or autho	rized representative of a men	iber	

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