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SECRETARY OF STATE OF STATE OF CORPORATION 22 APR -1 AM 9: 16

T. MATTHEWS APR 18 2022

COVER LETTER

TO:	Registration Se Division of Cor				į	•
cub H	D (C)(12)	FESSIONAL SOLUTIONS LL	.C	ŧ		•
SUBJI	<u></u>	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		JONNATHAN R FERNAI	NDEZ			
		 -	Name of Person			
		RSM PROFESSIONALSC	DLUTIONS LLC			
			Firm/Company			
		1108 SOUTH BEACH CII	RCLE			
			Address	 -		
		KISSIMMEE, FL, 34746				
		rsm.pslle@gmail.com	City/State and Zip Code	2		
		E-mail address: (to be used for future annua	l report notificati	on)	
For fur	ther information c	oncerning this matter, please ca	all:			
JONN	ATHAN R FERN	ANDEZ		33-4760		
	Name o	f Person	at () Area Code	Daytime Tel	ephone Number	
Enclos	ed is a check for th	ne following amount:				
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is er		Certified	e of Status &
	Mailing Addres	<u>s:</u>	Street A	Address:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF DIVISION OF CORPORATIONS

RSM PROFESSIONAL SOLUTIONS LLC

22 APR -1 AM 9: 16

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Compan	y were filed on $\frac{01/18/3}{1}$	2022	and assigned			
Florida document number L22000087759							
This amendment is submitted to amend the fo	llowing:						
A. If amending name, enter the new name	of the limited lia	bility company here:					
N/A							
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	nation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appl	icable:						
(Principal office address MUST BE A STRE	ET ADDRESS)						
							
Enter new mailing address, if applicable:				· · · · · · · · · · · · · · · · · · ·			
(Mailing address MAY BE A POST OFFICE	E BOX)						
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our reco	rds, <u>enter the na</u>	me of the new register			
Name of New Registered Agent:	N/A		-,				
New Registered Office Address:							
		Enter Florida :	street address				
		•		Zip Code			
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>					
I hereby accept the appointment as register							

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
AMBR	JONNATHAN FERNANDEZ SR	1108 SOUTH BEACH CIRCLE	□ Add
		KISSIMMEE, FL, 34746, USA	■Remove
			[]Change
AMBR	JONNATHAN FERNANDEZ	H08 SOUTH BEACH CIRCLE	■Add
		KISSIMMEE, FL, 34746, USA	□Remove
			□Change
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Typed or printed name of signee

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