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COVER LETTER

TO;	Registration Section Division of Corporations
SUBJECT:	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	3308 S Shamrock Rd Address
	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for Juture annual report notification)
For fu	rther information concerning this matter, please call:
	R-Midsal Morray at (813) 334-6486 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
5 2 5 2	25.00 Filing Fee Certificate of Status Cartificate of Status Certified Copy (additional copy is enclosed) Solution Filing Fee Certified Copy (additional copy is enclosed) Solution Filing Fee 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

RPM - 75, L (Name of the Limited Liability Company as i (A Florida Limited Liability	· L C
(Name of the Limited Liability Company as i (A Florida Limited Liability	Company)
The Articles of Organization for this Limited Liability Company were Florida document number 20-3170578.	filed on 7/5/05 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con	npany," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	ASSECTION OF THE PROPERTY OF T
	<u></u>
Inter new mailing address, if applicable:	A Rose
,,	0 RATE
	<u> က ဠို့</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office aregistered agent and/or the new registered office address here:	0: ATTONS
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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

AMBK = A	Authorizea Wiember		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MgR	R. Michael Murray	3308 S Shamrock Fd	
	-	Jampa FL 33629	□ Remove
			Change
			Remove
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fan effe <u>Note:</u> 1	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing at date inserted in this block does not meet the applicable statutory filing requirements, this date effective date on the Department of State's records.	L) Pursuant to 605.0	207 Las
ne reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. h day after the record is filed.	on the earlier	of
	September 7. 2018.		
Dated _	,		
Dated _	De Mind Manne		

Page 3 of 3

Filing Fee: \$25.00