L05000069496

(Re	questor's Name)	-
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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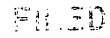


115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 Pd866.625.0838 F: 866.625.0839 " COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/13/2023	
	Janelle Davis	
	#:1882539	
	e: R&M	SQUARED LLC
	cles of Incorporation/Authoriza	
⊘ Ame	endment	
☐ Cha	nge of Agent	
Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25.00	
Signature:	<u>Janelle Davis</u>	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAN 13 AM 10: 22

	R&M Squared LLC			
(<u>Name of the Limited Lial</u> (A Flo	oility Company as it now appears ida Limited Liability Company)	s on our records.)	LÎLAHAS SEPÎ PL	
The Articles of Organization for this Limited Liability Florida document numberL05000069496	Company were filed on	July 14, 2005	and assigned	
his amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the b	imited liability company he	<u>re</u> :		
Eas	y Mile Naples, LLC			
The new name must be distinguishable and contain the words "I	imited Liability Company," the do	signation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:		2650 Tamiami Tra	ail E	
(Principal office address MUST BE A STREET AD	DRESS)	Naples, FL 34112		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Boylston Street, F Boston, MA 021		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter	the name of the n	
Name of New Registered Agent:	Easy Mile	Easy Mile Peachland, LLC		
New Registered Office Address:	24123 [Peachland Blvd.		
	Enter Flor	ida street address		
	Port Charlotte	Florida	33954	
	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, <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
MGR	Peter Amato	210 West Canton Street, Apt. 1	⊒ Add
		Boston, MA 02116	⊒ Remove
			Change
MGR	Philip Amato	350 Columbus Ave. Unit 8	⊒ Add
		Boston, MA 02116	⊒ Remove
		· · · · · · · · · · · · · · · · · · ·	⊐ Change
MGRM	Ryan E Rondina	1263 Alhambra Way	⊒ Add
		Fort Myers, FL 33901	⊒ Remove
			Change
MGRM	Mark J Melancon	159 Rainbow Dr #5902	□ Add
		Livingston, TX 77399	☐ Remove
			Change
			Remove
			☐ Change
			⊡ Add
			Remove

•	· · ·	article V is amended as follows:		
	The Name and ad	ddress of person(s) authorized to mar	nage LLC:	
		Title: Manager		
		Peter Amato		
		210 West Canton Street, Apt. 1		
		Boston, MA 02116		
		Title: Manager		
		Philip Amato		
		350 Columbus Ave. Unit 8		
		Boston, MA 02116	1023	* *
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			AH 10: 22	- احد
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		· · · · · · · · · · · · · · · · · · ·		
(If an effective di Note: If the o		fic and cannot be prior to date of filing or more than 90 or not meet the applicable statutory filing requirem		
	pecifies a delayed effect day after the record is f	ive date, but not an effective time, at 1 iled.	12:01 a.m. on the earlier o	of:
Dated	January 12	2023 V A		
_	Sionatur	e of a member or authorized representative of a membe	·r	
	Enam.			
		Peter Amato Typed or printed name of signee	<u> </u>	

Page 3 of 3

Filing Fee: \$25.00