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## **COVER LETTER**

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## TO: Registration Section Division of Corporations

R M H Investments LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Michael Taylor		
		Name of Person	
	·	Firm/Company	
	1461 haulover Ave		
		Address	
	Spring hill FL 34608		
		City/State and Zip Code	
	mtmichael007@aol.com		
	E-mail address: (	to be used for future annual report notific	ation)
For further information c	concerning this matter, please c	all:	
Michael Taylor		352 585-1081	
Name o	of Person	at () Area Code Daytime ^	Felephone Number
Enclosed is a check for t	he following amount:		/
□ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration Division of C P.O. Box 632 Tallahassoe	Section Corporations 27	Street Address: Registration Sect Division of Corpe The Centre of Ta 2415 N. Monroe	orations llahassee
Tallahassee, FL 32314		Tallahassee, FL 3	

ARTICLES OF A	AMENDMENT	
ТС	)	The st
ARTICLES OF O	RGANIZATION	
0	F	and the second
R. M. H.		
	was it now appears on our record	
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ability Company)	≝⁄ . <b>.</b>
The Articles of Organization for this Limited Liability Company	were filed on <u>9/6/2006</u>	and assigned
Florida document number L06000087234		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	<u>ity company here</u> :	
RMH Associates LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
	······	
B. If amending the registered agent and/or registered office a	ddress on our records, enter	the name of the new regist(
agent and/or the new registered office address here:	<u></u>	
Manage (CM) and Discharge 1.4		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres:	у — — — — — — — — — — — — — — — — — — —
	121.	avida
	, Flo	o <b>rida</b> Ziv Code
	- W	

## 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 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

or removed from our records:

## MGR = Manager AMBR = Authorized Member

•	<u>Title</u>	<u>Name</u>	Address	<b>Type of Actio</b>
	MGR	Michael Taylor	1461 Haulover Ave Spring hill FL 34608	🖬 Add
				□ Change
				🗆 Add
				🗆 Remove
				□ Change
				🗆 Add
			<u> </u>	🗆 Remove
				🗆 Change
				🗆 Add
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			<u></u>	Change
			<u> </u>	🗆 Add
				🗆 Remove
			<u> </u>	🗆 Change
				🗆 Add
				🗆 Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)


If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 22nd 2020

Signature of a member or authorized representative of a member

Michael	Taylor
	Exped or printed name

Typed or printed name of signee

Filing Fee: \$25.00