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	(Reque	stor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section

Division of Corporations				
SUBJECT:	RMM Consul	ting & Services LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Erika L. Morris		
·	RMM [*] C	Consulting & Services LLC	emit of entropy	
		Firm/Company		
	42	05 Wood Haven Drive		
		Address		
	·	Melbourne, FL 32935 City/State and Zip Code		
	mike	e@rmmconsultants.com		
	E-mail address: (to be used for future annual report notificat	ion)	
For further information	concerning this matter, please of	call:		
	Mike Morris of Person	at (321) 50 Area Code & Daytime To	25-0012 elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle	

(1)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMM CONSULTING	& SERVICES	LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>y as it now appears o</u> iability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000019300			_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:	4	
•	-	ده و حدد المحاد	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company,	" the designation "LLC	C" or the abbreviation
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)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street addre	2
•		, Florida	
	City	, riorida	Code
New Registered Agent's Signature, if changing Registered Agent:		ğ	₩ ₩ ₩

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Robert M. Morris	4205 Wood House Drive	
	4205 Wood Haven Drive Melbourne, FL 32935	Add Remove
Erika L. Morris	4205 Wood Haven Drive Melbourne, EL 32935	✓ Add
	<u> </u>	Add Remove
		Add Remove
		Add Remove
		Add Remove
any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
		_ _ _
0 0	<u>10</u> .	_
Signature of a member of	Frika L. Morris	
_	July 21 20° Signature of a member of	any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 21 2010

Page 2 of 2

Filing Fee: \$25.00