

L100000019300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600185378316

10/01/10--01008--026 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT - 1 AM 10:56

N. Culligan OCT - 4 2010

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **RMM Consulting & Services LLC**
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:

Robert M. Morris

Name of Person

RMM Consulting & Services LLC

Firm/Company

4205 Wood Haven Drive

Address

Melbourne, FL 32935

City/State and Zip Code

mike@rmmconsultants.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Morris

Name of Person

at (**321**)

505-0012

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT -1 AM 10:56

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

Page 1 of 2

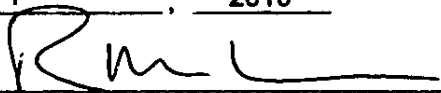
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert M. Morris	4205 WoodHaven Drive Melbourne, FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Erika L. Morris	4205 WoodHaven Drive Melbourne, FL 32935	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 1, 2010



Signature of a member or authorized representative of a member

Robert M. Morris

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 OCT - 1 AM '10 \$6