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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RMG Investments LLC
Name of Limited Liability Company
·
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard M. Garcia Name of Person RMG Investments LLC Firm/Company
3075 32Nd Avenue SE
City/State and Zip Code RMQ Invest Ments P Live Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: A HONIO J. Garcia at 239 692-4860 Name of Person Area Code Daytime Telephone Number (1907) 100 100 100 100 100 100 100 100 100 10
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \$\Bigcup \Bigcup \\$55.00 Filing Fee \$\Bigcup \Bigcup \Bi
Mailing Address: Street Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMG Investmen	sts, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 04/21/201	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:	
NA		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		SE 22
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	DCT 18 MI 10: 23
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the	name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
· · · · · · · · · · · · · · · · · · ·	, Florid	
	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 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	08/09	02022			
Dated					
Dated	V A	of a member or authorized repr	esentative of a member		

Filing Fee: \$25.00