# L1000004159

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Cartified Coning Cartificator of Status				
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Special Instructions to Filing Officer:				





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10 DEC -6 AM 10: 31

SECRETARY OF STATE BIVISION OF CORPORATIONS

DEC -7 2010 EXAMINER

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE	ECT:	RMP	Capital LLC	
		Amendment and fee(s) are sul	_	
			Richard M Powell	
			Name of Person	
			The RMP Group Firm/Company	
			гиписопрану	
6000			Metrowest Blvd Suite 208 Address	
			Orlando FL, 32835	
-		City/State and Zip Code		
		E-mail address: (	well@thermpgroup.com to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please of		
_		ard M Powell	at ( 407 )	504-1767
Name of Person		Area Code & Daytime Telephone Number		
Enclose	ed is a check for the	e following amount:		
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS: tion Section	STREET/COUR Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT

## TO SECRETARY OF STATE SECRETARY OF STATE O **OF**

10 DEC -6 AM 10:81

FILEB.

pital LLC any as it now appears on our recor Liability Company)	rds.)	
y were filed on09/08/20	one and assigned	
bility company here:		
t Holdings LLC		
ited Liability Company," the design	nation "LLC" or the abbreviation	
Richard M Powell		
6000 Metrowest Blvd Suite 208		
Orlando FL 32835		
(Same as above)		
ffice address on our records, re:  O LLC  west Blvd suite 208  Enter Florida str  Orlando , Flor  City	reet address	
	Any as it now appears on our reco Liability Company)  y were filed on	

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

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove Remove ☐ Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member r-authorized representative of a member Richard M Powell Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00