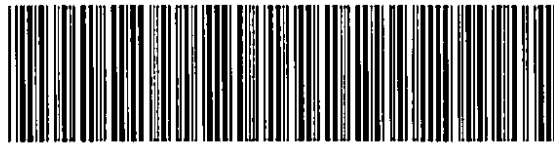


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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D. RRUCE
SEP 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RM2 DISTRIBUTORS, 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:

JESUS PEREZ

Name of Person

RM2 DISTRIBUTORS, LLC

Firm/Company

15352 SW 72ND ST APT 11

Address

MIAMI FL 33193

City/State and Zip Code

jperez3611@gmail.com

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

For further information concerning this matter, please call:

JESUS PEREZ

305 763-5960
at () Daytime Telephone Number

Name of Person

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RM2 DISTRIBUTORS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/23/2012 and assigned Florida document number L12000055458.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RM2 DISTRIBUTORS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

15352 SW 72ND ST APT 11

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33193

Enter new mailing address, if applicable:

15352 SW 72ND ST APT 11

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33193

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JESUS PEREZ

New Registered Office Address:

15352 SW 72ND ST APT 11

Enter Florida street address

MIAMI

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	RICARDO MARTINEZ	10521 SW 161ST STREET MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
<i>AM</i> Authorized Member	MERCEDES MOJENA	10521 SW 161ST STREET MIAMI FL 33157	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGRM	JESUS PEREZ	15352 SW 72ND ST APT 11 MIAMI FL 33193	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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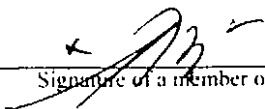
FILED

E. Effective date, if other than the date of filing: 09/01/2018 (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 AUGUST 27TH 2018



Signature of a member or authorized representative of a member

RICARDO MARTINEZ

Typed or printed name of signee