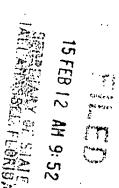
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## COVER LETTER

	Registration Sec Division of Corp			
CURIDA	RH Cons	ulting Firm LLC		
SUBJEC	:П:	Name of Limi	ted Liability Company	
The encl	osed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspon	dence concerning this matter t	to the following:	
		Rajaa Hanano		
			Name of Person	<del></del>
		RH Consulting Firm		
			Firm/Company	
		6730 22 Avenue Nor	rth, Suite F	
			Address	<del></del>
		Saint Petersburg, Fli	rida 33710	
			City/State and Zip Code	
		rajhana@aol.com		
		E-mail address: (t	o be used for future annual report no	otification)
For furth	er information co	ncerning this matter, please ca	11:	
Georg	e Horak		727 344-120	00
	Name of	Person	Area Code Dayti	ime Telephone Number
				•••
Enclosed	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 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

check # 10785

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RH Consulting Firm, LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Librida document number CQ1047846	iability Company.	were filed on February 2, 2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
Realty Matrix, LLC			
The new name must be distinguishable and end with the	e words "Limited Liah	oility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	6730 22 Avenue North, Suite	e F
(Principal office address MUST BE A STRE		Saint Petersburg	
		Florida 33710	
Enter new mailing address, if applicable:	E BAW	Post Office Box 48764 Saint Petersburg	
(Mailing address MAY BE A POST OFFICE	<u> </u>	Florida 33743	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	•		er the name of the nev
	N/A		
New Registered Office Address:	INIA	Enter Florida street address	
	N/A	, Florida	N/A
New Registered Agent's Signature, if changing	Registered Agent:	City	© Zip Code
			خنو

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

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

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
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f amending any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)
,	•
Effective date, if other than the date of the effective date must be specific, cannot be prior the date this document is filed by the Florida Department	filing: (optional) r to date of receipt or filed date and cannot be more than 90 days after artment of State)
Dated February 10	2015
	Rayca Har war ware e of a member authorized representative of a member
Signature	e of a member or authorized representative of a member
Rajaa Hanano	
	Typed or printed name of ciones

Page 3 of 3

Filing Fee: \$25.00

