## L1300160771

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## **COVER LETTER**

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registratio Division of	n Section Corporations		
	INVESTMENTS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corn	espondence concerning this matter	to the following:	
	YAMILE MONTERO		
		Name of Person	
	17RM INVESTMENTS L	LC	
		Firm/Company	
	770 PONCE DE LEON B	LVD, SUITE 305	
	<del></del>	Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	
	ymontero02@gmail.com		
	E-mail address: (	to be used for future annual repo	rt notification)
For further information	on concerning this matter, please c	all:	
YAMILE MONTER	0	305 505-64	19
Nai	me of Person	Area Code D	aytime Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fed	e S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	on Section	Street Addre Registratio	n Section
Division o	of Corporations	Division of	Corporations

**Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAR -8 AM 7: 54

17RM INVESTMENTS 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 11/15/2013 and assigned Florida document number \_L13000160771 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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>	Type of Action
MGR	RRM FAMILY TRUST	770 PONCE DE LEON BLVD, SUITE 305	□Add
		CORAL GABLES, FL 33134	≣Remove
			□Change
MGR	PHILLIP PEDRO MONTERO	770 PONCE DE LEON BLVD, SUITE 305	<b>=</b> Add
		CORAL GABLES, FL 33134	Remove
			□ Change
			□Add
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			Remove
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Filing Fee: \$25.00