

L14000076661

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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JUL 19 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FLORIDA RMZ 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:

SUSANA A. PAUL

Name of Person

FLORIDA RMZ LLC

Firm/Company

3046 DEL PRADO BLVD S STE. 2-C

Address

CAPE CORAL, FL 33904

City/State and Zip Code

MALICA1208@AOL.COM

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

For further information concerning this matter, please call:

MALICA KOVALCHUK

239 770-7457
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

FLORIDA RMZ 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 05/12/2014 and assigned
Florida document number L14000076661.

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)

3046 Del Prado Blvd S. Ste 2-C

Cape Coral, FL 33904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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: Malica Kovalchuk

New Registered Office Address: 3046 Del Prado Blvd S Ste. 2-C

Enter Florida street address

Cape Coral

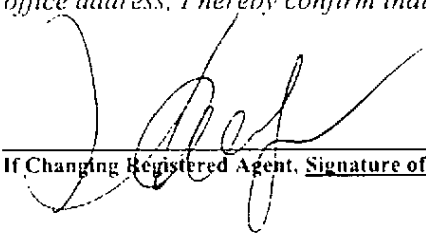
City

Florida 33904

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

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>
AMBR	RMZ 011809 Group LLC	3046 Del Prado Blvd S Ste. 2-C	<input type="checkbox"/> Add
		Cape Coral, FL 33904	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Malica Kovalchuk	3046 Del Prado Blvd S Ste. 2-C	<input checked="" type="checkbox"/> Add
		Cape Coral, FL 33904	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

Dated July 09, 2018

Signature of a member

Signature of a member or authorized representative of a member

Susana A. Paul

Typed or printed name of signee