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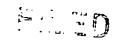
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		ESTMENTS LLC			
SUBJEC	ι:	Name of Lin	nited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	omitted for filing,		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		YAMILE MONTERO			
			Name of Person		
		18RM INVESTMENTS L	LC		
		<u> </u>	Firm/Company		
770 PONCE DE LEON BLVD, SUITE 305					
			Address		
		CORAL GABLES, FL 33134			
		City/State and Zip Code			
		ymontero02@gmail.com			
		E-mail address: (to be used for future annual report not	ification)	
For furthe	r information c	oncerning this matter, please c	all:		
YAMILE	MONTERO		305 505-6419 at ()		
	Name o	f Person		ne Telephone Number	
Enclosed i	is a check for th	ne following amount:			
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(355.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Tailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ction	
	Division of C			Division of Corporations	
P	O. Box 632	7	The Centre of T	l'allahassee	
ī	'allahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



18RM INVESTMENTS LLC

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(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 $\frac{05/15/2014}{1}$ and assigned Florida document number L14000079079 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 "LLC." 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>	Address	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	= Add
		CORAL GABLES, FL 33134	Remove
			🗆 Change
			🗀 Add
			□Remove
			□Change
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CARL LAND	and the SC return the seal of the SC Comments of th
<u>Note:</u> L	te date, if other than the date of filing:
e record rd is file	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 d.
Dated _	12/31/2022
	Signature of a member or authorized epresentative of a member

Filing Fee: \$25.00