

L15000162711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300320491133

300320491133
11/02/18--01005--008 **30.00

RECEIVED STATE
CLERK OF STATE
18 NOV -2 PM 12:05

FILED
2018 NOV -2 PM 12:13
CLERK OF STATE
CLERK OF STATE

K. SALY

NOV 2 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RM ENTERPRISIE FLORIDA LLC-3

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:

AHAMAD MEMAN

Name of Person

RM ENTERPRISE FLORIDA LLC-3

Firm/Company

701 S Ferdon Blvd , UNIT 103

Address

Crestview , FL 32536

City/State and Zip Code

ahamadsm@yahoo.com

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

For further information concerning this matter, please call:

ahamad meman

817 929 2864

at (_____) _____

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

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

FILED
2018 NOV -2 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RM ENTERPRISE FLORIDA LLC-3

(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 09/24/2015 and assigned
Florida document number L15000162711.

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)

101 Camellia pl
crestview, FL . 32539

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

101 Camellia pl
Crestview , FL., 32539

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:

101 CAMELLIA PL
Enter Florida street address
CRESTVIEW Florida 32539
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

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	AHAMAD MEMAN	101 Camellia Pl	<input checked="" type="checkbox"/> Add
		Crestview , FL, 32539	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ROGERS MEMAN, TAYLOR CORRINE	101 Camellia pl	<input type="checkbox"/> Add
		Crestview , FL, 32539	<input checked="" 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

FILED
2018 NOV -2 5PM 12:13
CLERK OF DISTRICT COURT
JULIA BRASSFIELD

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

FILED
2018 NOV -2 PM 12:13
CLERK OF DISTRICT COURT
JULIA HANSEN
JULIA HANSEN

E. Effective date, if other than the date of filing: 10/31/2018 (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

10/27/18

Saylor Keman
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Taylor Meman
Typed or printed name

Typed or printed name of signee