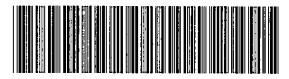
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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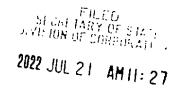
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## **COVER LETTER**

	egistration Selivision of Cor			
SUBJECT		MIER MANAGEMENT LLC		
SUBJECT	•	Name of Lim	ited Liability Company	<del></del>
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Picase retu	ım all correspo	ndence concerning this matter	to the following:	
		BRANDY CARRILLO		
			Name of Person	<del></del>
		RICO PREMIER MANAC	GEMENT	
			Firm/Company	
		1801 E HOWELL ST		
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
		TAMPA FL 33610		
			City/State and Zip Code	<del></del>
		RPMGROUPFL@GMAIL.	COM to be used for future annual report notif	
Easthan	:- <b>-</b>		•	ication)
		incerning this matter, please ca	au:	
BRANDY	CARRILLO		813 7273377 at()	
	Name of	Person	Area Code Daytimo	: 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)
R D P.	ailing Address egistration S ivision of Co O. Box 6327 allahassee, F	ection orporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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R	ICO	PREM	IER.	MANA	.GEM	ENT	LL	C

(Name of the Limited Liability Company as it now appears on our records.)

(/	A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited Lia Florida document number		were filed on	and assigned	
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of t	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	1801 E HOWELL ST		
(Principal office address MUST BE A STREET ADDRESS)		TAMPA FL 33610	<del>-</del>	
Enter new mailing address, if applicable:		1801 E HOWELL ST		
(Mailing address MAY BE A POST OFFICE B	OX)	TAMPA FL 33610		
B. If amending the registered agent and/or regagent and/or the new registered office address  Name of New Registered Agent:			me of the new registered	
•	1801 E HOWEI	L ST		
New Registered Office Address:		Enter Florida street address		
	ТАМРА	, Florida	33610	
New Registered Agent's Signature, if changing Re	egistered Agent:	ou,	Sp Cour	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing the company has been notified in wri	r and complete vered agent as p vegistered office hange.	performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar with and Or, if this document is limited liability	

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
AMBR	BRANDY CARRILLO	1801 E HOWELL ST TAMPA FL 33610	<b>=</b> Add
			□ Remove
			□Change
AMBR	ZANE CAPITAL LLC	3420 YOSEMITE DR NE ALBUQUERQUE NM 8	
		<del></del>	Remove
			Change
			□ Add
			□Remove
			□Change
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fective date, if other than the date	of filing:		(opt	ional)	
on effective date is listed, the date must be specified. If the date inserted in this block do current's effective date on the Department's	es not meet the app	olicable statutory f	or more than 90 days after illing requirements, th	r filing.) Pursuant to 605 is date will not be list	i.020 ed 8
ecord specifies a delayed effective date, is filed.	but not an effectiv	e time, at 12:01 a.	m. on the earlier of: (	b) The 90th day afte	r th
ted	<del>-202</del> 2				
BAC	ire of a member of as	Athorized represents	ive of a member		
		AMOUNCE (CDICSCNIA	ave of a lifellinel		