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SECRETARY DESIAND

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## **COVER LETTER**

TO: Registration Section Division of Corpor					
SUBJECT: RNY	M Ventures Name of Limi	S ted Liability Company	<del></del>		
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.			
Please return all corresponde	nce concerning this matter t	to the following:			
		Name of Person  Firm/Company  Company  Address  Address  Address  City/State and Zip Code  Oavanco Company  o boused for future annual report notific	eation)	2019 APR -1 PH 6: 33	APPROYEU FILED
For further information conc	erning this matter, please ca				
Micole Mill Name of Pe	CY	at ( <u>254</u> ) <u>220 - 8</u> Area Code Daytime	S \$ 75' Telephone Number		
Enclosed is a check for the fo	ollowing amount:  \$30.00 Filing Fee &  Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	
Registration Division of P.O. Box 6	f Corporations	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rum Ventures	iv Company as it now appears on our records,)	
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 10/7/16 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
	2019	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation L.C."	_ <del>}</del>
Enter new principal offices address, if applicable:		272 272
(Principal office address MUST BE A STREET ADDI	RESS)	5 Y
	The Table	_ (c
	<u>ن</u> ن	
Enter new mailing address, if applicable:	<u></u>	_
(Mailing address MAY BE A POST OFFICE BOX)		_
		_
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, enter the name of the	new
registered agent and/or the new registered office add	ness nere.	
Name of New Registered Agent:		
		<del></del>
New Registered Office Address:	Enter Florida street address	_
<del></del>	Florida	_
	,	

## 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>	Address	Type of Action
MGR	Nicole Miller	44163 Cathey's Club La	
		Jacksonville FC 32224	Remove
			Change
Director	Nicole Miller	Jacksonville, FC 32224	Add
		Jacksonville, FC 32224	D Remove
			Change
			Add
			ROWE ROWE
			6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6
		<u> </u>	Robbove
			Change
			□ Add
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(If an ef Note:	ve date, if other than the date of filing:
docum	All 3 criceries and on the Department of State 3 records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	march 14 . 2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00