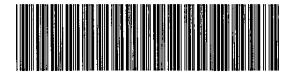
## 116000202081

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## **COVER LETTER**

	egistration Se ivision of Cor			
". SUBJECT	RMM USA			
SUBJECT	`;		ited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	•	
	· · · · · · · · · · · · · · · · · · ·			
		Melissa Ann Duarte		
			Name of Person	
		RMM USA LLC		
			Firm/Company	
		6059 Twain st #108		
			Address	· · · · · · · · · · · · · · · · · · ·
		Orlando-tl 32835		
			City/State and Zip Code	
		r82duarte@gmail.com	to be used for future annual report not	itication)
For further	information c	oncerning this matter, please c		
Rafael Du	arte		941 812-9481 at ( )	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 3	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIGOEC - 1 PM 16 29

TALLAHASSEE, FLORION

RMM USA 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 Florida document number <u>L16000202081</u>	were filed on 11/02/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LL	C" or the abbreviation "L.L.C."
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)		
Name of New Registered Agent:		ds, enter the name of the new
New Registered Office Address:	Enter Florida street addr	ess
	e words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I dicable:  EET ADDRESS)  and/or registered office address on our records, enter the name of the limited address here:  Enter Florida street address  City Zip Code	Jouida
<del></del>	City P	Zip Code
New Registered Agent's Signature, if changing 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	RAFAEL DUARTE	6059 Twain st108 Orlando-fl 32835	Add		
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			Change		
	<del></del>	<del></del>	□ Add		
			□ Remove		
		<del> </del>	☐ Change		
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Typed or printed name of signee

Filing Fee: \$25.00