# 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
Filing accepted in ever No charge Amendment to currect ever.
to currect even.

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on $3/27/20/7$ and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lir</u>	nited liability company here:
RWPM LLC	
The new name must be distinguishable and contain the words "Li	mited 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 ADL	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg	istered office address on our records, enter the name of th
	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, it 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

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If amending or removed	g Authorized Person(s) authorized to a d from our records:	manage, enter the title, name, an	d address of each person being added
MGR = MAMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	u uc		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JUSTIN	RICKE Name of Person	
	RPM LL		<u> </u>
	103 € 26	Address	
	TAMPA, FO	City/State and Zip Code	
	E-mail address: (	City/State and Zip Code  CE G GMAI C. CUM to be used for future annual report notice	fication)
For further information of	oncerning this matter, please ca		
JUSTIN RIC	WE If Person	at ( <u>772</u> ) <u>971 - 8</u> Area Code Daytim	88 2 e Telephone Number
			· · · · · · · · · · · · · · · · · · ·
Enclosed is a check for the	he 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

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The 90	th day after f	delayed effect the record is f	iled.		tive time,	at 12:0	1 a.m.	. on the earli	ier of
Dated	5/8/	2017		<u>7</u> .					
			e of a member or a		ntative of a m	ambar			
	V		Typed or pr						

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Filing Fee: \$25.00