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(Re	questor's Name)	_
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	ision of Corpo					
SUBJECT:	RMJ CAPITA	APITAL VENTURES LLC				
SUBJECT,	Name of Limited Liability Company					
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.			
Please return	all correspond	dence concerning this matter t	o the following:			
		RYAN GIFFIN				
			Name of Person			
			Firm/Company			
	2026 NORMANDY CIRCLE					
			Address			
		WEST PALM BEACH, FL	. 33409			
		10010	City/State and Zip Code			
		Jess.Myers1221@gmail.com E-mail address: (to	no be used for future annual report notificat	ion)		
For further in	nformation cor	ncerning this matter, please ca	•			
Ryan Giffin			561 324-8392 at ()			
	Name of I	Person	Area Code Daytime Te	lephone Number		
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling 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

RMJ CAPITAL VENTURES, LLC				
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)			
The Articles of Organization for this Limited Liability Comp Florida document number L17000129306.	pany were filed on June 13, 2017 and assigned			
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 I	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	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registere	d office address on our records, enter: the name of the new			
registered agent and/or the new registered office address				
	ANG TO			
Name of New Registered Agent:	Sa Co			
New Registered Office Address:	m ·			
-	Enter Florida street address			
	, Florida S A			

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.

City

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	Scott Delaney	2026 Normandy Circle	■ Add
		West Palm Beach, FL 33409	□ Remove
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Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the	(optional)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	uirements, this date will not be listed as
	, at 12:01 a.m. on the earlier of
the record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00