

L17 000129306

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(Business Entity Name)

(Document Number)

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OF MASSACHUSETTS

MAR 07 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RMJ CAPITAL VENTURES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA ALBERTORIO

Name of Person

RMJ CAPITAL VENTURES, LLC

Firm/Company

1255 SW 4TH AVE

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

MALBERTORIO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA ALBERTORIO

954

937-7572

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RMJ CAPITAL VENTURES, 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 were filed on 06/13/2017 and assigned
Florida document number 17000129306

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1255 SW 4TH AVE

Principal office address MUST BE A STREET ADDRESS

DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:

1255 SW 4TH AVE

Mailing address MAY BE A POST OFFICE BOX

DELRAY BEACH, FL 33444

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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

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2020 FEB 10 AM 7:10
CLERK OF SUPERIOR COURT
JANUARY 13, 2020

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|------------------------|--|
| MGR | MARIA ALBERTORIO | 1255 SW 4TH AVE | <input checked="" type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | RYAN GIFFIN | 1255 SW 4TH AVE | <input checked="" type="checkbox"/> Add |
| | | DELRAY BEACH, FL 33444 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | JESSICA GIFFIN | 5415 GUILDCREST STREET | <input type="checkbox"/> Add |
| | | LAKE WORTH, FL 33463 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated FEBRUARY 5 2020

SCOTT DELANEY

Filing Fee: \$25.00