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(Requestor	s Name)
(Address)	<u> </u>
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(City/State/	Zip/Phone #)
PICK-UP	WAIT MAIL
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(Business i	Entity Name)
(Document	Number)
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SECHETARY OF STATE FALL AHASSEE, PLOBIDA

THE SERVE TO EN

COVER LETTER

TO: Registration Section Division of Corpora			
subject:2	VMM Produc	ts LLC	
SOBJECT:		nited Liability Company	
The enclosed Articles of Ame	ndment and fee(s) are sub	mitted for filing.	
Please return all corresponden	ce concerning this matter	to the following:	
_	Mark	Medina Name of Person	
_	<u> </u>	VMM Products LL	<u> </u>
-	<u> </u>	14255 SW 1515 Address	SVA
_	Mix FL 3	3196	<u> </u>
_	ZVMM E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code (to be used for future animal report not	/w/ iffication)
For further information concer	rning this matter, please c	all:	
Week Medina Name of Pers	on	at (746) 447 Area Code Daytin	- 5135 ne Telephone Number
Enclosed is a check for the fol	lowing 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)
Registration Division of P.O. Box 63	Corporations 27	STREET/COUR Registration Secti Division of Corpo Clifton Building	on orations
Tallahassee,	TL 26314	2661 Executive C	emer Circle

Tallahassee, FL 32301

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

	RYMM Prod	lucts LLC			
	(Name of the Limited Liability (A Florida L	Company as it now appe imited Liability Company	ars on our records.)		
The Articles of Organization f	or this Limited Liability Co 17000224764	ompany were filed on _	10/30/17	and assi	gned
This amendment is submitted	o amend the following:				
A. If amending name, enter	the new name of the limit	ed liability company	here:		
The new name must be distinguishal	ile and contain the words "Limit	ed Liability Company," the	designation "LLC" or the	·— '—'	C."
Enter new principal offices a	ddress, if applicable:			12R 8	
(Principal office address MU	ST BE A STREET ADDRI	ESS)		\$\frac{1}{2}\frac{1}{2	=
Enter new mailing address, i	f applicable:			## 11: 0	D D
(Mailing address MAY BE A	POST OFFICE BOX)			-4D ³³	
B. If amending the registered agent and/or the r			on our records, <u>en</u>	iter the name o	of the ne
Name of New Regist	ered Agent:				
New Registered Offi	ce Address:	Enter F	lorida street address		
		City	, Florida	Zip Code	
New Registered Agent's Signat	ure, if changing Registered	•		гір соас	

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGZ	Mark Meding	14255 SW 1518 AVE	
		Mia, FL 33196	Remove
			Change
MGR	Yanet Campos	142555W 1515 AVR MID, FL 33916	
		MIA,FL 33916	□ Remove
			Change
		.	Remove
			11 S S S S S S S S S S S S S S S S S S
			CO E O
			(D) → □ Change
			Add
			Remove
			Change
			□ Remove
			Change

nmending any ot	ther information, enter change(s) here: (Attach a	additional sheets, if necessary.)
We would	ad like to change the titles	s of MAK Median and
Vanot Ci	more to Manyor	
(12,06), 21	To this page 1	
		
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effective date is list e: If the date inso	her than the date of filing: ted, the date must be specific and cannot be prior to date of filine erted in this block does not meet the applicable statutor date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605 ry filing requirements, this date will not be liste
	es a delayed effective date, but not an effec fter the record is filed.	tive time, at 12:01 a.m. on the earlie
ed	11/19/19	
.u <u></u>		1/
	-W/W/1	<u></u>
	Signature of a member or authorized represe	entative of a member
	n took wheat	Y.NIA
	Typed or printed name of sig	gnee
	Page 3 of 3	

Filing Fee: \$25.00