# 117000257286

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2018

RAQUEL MORRISON 1328 SW 14 ST MIAMI, FL 33145

SUBJECT: RM GRAPHIC DESIGN LLC

Ref. Number: L17000257286

We have received your document for RM GRAPHIC DESIGN LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 218A00006528

# **COVER LETTER**

TO: Registration S Division of Co				
	nic Design LLC	•		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Raquel Morrison			
		Name of Person		
	RM Graphic Design LLC			
		Firm/Company		
	1328 SW 14 St		2018 APR	₩.
	<del></del>	Address		)   ====================================
	Miami, FL 33145			
	morrisonraquel@gmail.com	City/State and Zip Code		ſ
	E-mail address: (	to be used for future annual report notific	cation) 5- 80	
For further information of	concerning this matter, please c	atl:		
Raquel Morrison		305 299-2040		•
Name o	of Person	at (	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	
Registr	ING ADDRESS: ration Section	STREET/COURIE Registration Section Division of Corporate		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM Graphic Design LLC				
(Name of the Limited Liability Com (A Florida Limite	many as it now appears on our records d Liability Company)	)		
The Articles of Organization for this Limited Liability Compa Florida document number	ny were filed on	a	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
RM Graphic Designer LLC				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		57.	22	_
		,, , 70 -	2210	<u> </u>
Enter new mailing address, if applicable:		Ēq.	APA -	-i-
(Mailing address MAY BE A POST OFFICE BOX)		()2" ()4: (	_ 1	
		- 171 - 171	<b>≥</b> ; ;	•
		62		200
B. If amending the registered agent and/or registered		enter the r	name of the	nev
registered agent and/or the new registered office address h	ere:	**************************************	င္သ	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Flor	ida		
	City	7in	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

. 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>	Name	Address	Type of Action	
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			□ Remove	
			□ Change	
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					<b>주</b> <b>공</b>	-
fan effective date is <u>Note:</u> If the date	inserted in this bloc	e specific and cannot be k does not meet the a	applicable statutory f	(option more than 90 days after illing requirements, this	o <b>nal)</b> filing.) Pursuant to 60	5.0207 (
ocument's effect	aive date on the Dep	artment of State's rec	ords.			
e record spec The 90th day	cifies a delayed of y after the recor	effective date, bud is filed.	ıt not an effectiv	e time, at 12:01 a	.m. on the earli	er of:
ated			,			
		Round	Mornso	<u> </u>		
	Si	gnature of a member or	authorized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00