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CRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: RMK Investments Sanford LLC Name of Limited Liability Company	
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:	
Miguel Cogarra Name of Person RMK Investments Sanford LLC	
Firm/Company /	
11954 Narvorossel Rd St. 2 Box 155, Orlando, FL 328,	32
Olando, F1, 32832 City/State and Zip Code	
Miguel a Cegara (a) annual com E-mail address: (16 be used for future annual report notification)	
For further information concerning this matter, please call:	
Miguel Ceçarra at (917) 306-3198 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.)
(A Florida Limited Liabili	ty Company)
The Articles of Organization for this Limited Liability Company were dorida document number $\angle 17000258232$.	filed on $12/19/2017$ and assigned
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liability of	company here:
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "L.L.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	207
	TARE TO THE STATE OF THE STATE
nter new mailing address, if applicable:	AHA: 29
Mailing address MAY BE A POST OFFICE BOX)	SET = O
	F 1
	, ni
If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ess on our records, enter the name of the new registere
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

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
<u>CEO</u>	Karla Monralle	11954 Narcoossel Rd	□Add
		St. 2 Box 155 orlando, 32	832 ⊠Remove
		······································	□Change
MGR	Monralve - Cegarra	11954 Narconsee Rd St. 2 Box 155 Orlando F2 32	□Add
	Holdings.me	St. 2 Box 155 Orlando FL 32	1832 (VRemove
			Change
			CR HAdd TI
			Remove
			SECRETARY OF STATE
			□Add
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Effective date, if other than the date of filing:	optional) after filing) Pursuant to 605 020
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of d is filed.	f: (b) The 90th day after th
Dated Notruary 12, 2024	
Dated Nohwary 12, 2024.	
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Signature of a marnhar or authorized concognitative at a marnhar	
Signature of a member or authorized representative of a member	