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COVER LETTER

TO: Registration S Division of Co			•
SUBJECT:	RM S	alution Granited Liability Company	xp LLC
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Ste	even Pojas Name of Person	
	- R	1 Solution Gra Firm/Company	ap
	609 E	E Sheridan S	d Apt 202
	Dania Ber	cich FL 33C	04
	E-mail address: (to be used for future annual report notif	mail.com
Sta	concerning this matter, please c	all: at (<u>772</u>)_201_	5625 Telephone Number
Enclosed is a check for	the following amount:		reseptione reminds
\$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM S	polition Group LLC	
(Name of the Limited Liab) (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 41800 1447.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADD	DRESS)	_
		_
Enter new mailing address, if applicable:	2015	_
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	_
		_
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	sistered office address on our records, enter the name of the	new
registered agent and/or the new registered office ad		
Name of New Darks and Advantage	9	
Name of New Registered Agent:	<u> </u>	-
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 Title Name <u>Address</u> **Type of Action** _□ Change □ Add ☐ Remove ☐ Change _□ Remove ☐ Change □ Add _□ Remove _□ Change □ Add □ Remove _□ Change \square Add _□ Remove

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Filing Fee: \$25.00