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(Re	questor's Name)	
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(Cit	:y/State/Zip/Phone #	‡)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	





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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Se Division of Co			
	VESTMENTS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	
	VDT CORPORATE SEF	RVICES LLC	
		Firm/Company	
	150 SE 2ND AVE SUIT	≣ 905	
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	MANAGEMENT@SAINT	JOSEPHGROUP.COM to be used for future annual report no	tilization)
For further information of	concerning this matter, please c		(meanon)
JOAO PEDRO VOLZ		305 5039867	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	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
MAIL	ING ADDRESS:	STREET/COUR	HER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMSD INVESTMENTS LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	·	
The Articles of Organization for this Limited Liability C Florida document number L18000153628	Company were filed on 06/22/2018	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C	· · · · · · · · · · · · · · · · · · ·
Enter new principal offices address, if applicable:		=	<u>₹</u>
(Principal office address MUST BE A STREET ADDI	RESS)	<u> </u>	SICH
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		0	SECTION OF THE PROPERTY OF THE
Enter new mailing address, if applicable:		3	Y OF SI
Mailing address MAY BE A POST OFFICE BOX)			
		6	75
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of	the nev
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>	Name	<u>Address</u>	Type of Action
MGR	Roberto Maria Silvio Giuseppe Muttini Bertolero	150 SE 2nd Ave Suite 906 Miami, FL 33131	
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			🔀 Change
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ffective date an effective date	, if other tl c is listed, the	nan the dat date must be	e of filing specific and	g: I cannot be	prior to date	of filing or mo	ore than 90 da	(optional) ys after filing	.) Pursuant to	o 605.02
ote: If the da	te inserted i	n this block	does not n	neet the ap	oplicable sta	tutory filing	requiremer	its, this date	will not be	: listed a
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record sp	ecifies a d	lelaved ef	fective o	date, but	t not an e	ffective ti	me, at 12	2:01 a.m.	on the e	arlier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00