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RTMS TECHNOLOGIES, LLC

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## **COVER LETTER**

SUBJECT:  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:  Nathaniel E. Jones, Jr.  Name of Person  Jones & Associates, P.C.  Firm/Company  400 E. Pratt Street. Suite 800  Address  Baltimore, MD 21202  City/State and Zip Code  NJones@JonesAssociatesLaw.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
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NJones@JonesAssociatesLaw.com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
Nathaniel E. Jones, Jr. 443 759-3080
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RTMS Technologies, LLC				
(Name of the Limited Liability (A Florida l	y Company as it now appears on our records.) Limited Liability Company)	·	<del></del>	
The Articles of Organization for this Limited Liability Co	ompany were filed on November 5, 2018		and ass	igned
Florida document number L18000259127	<b>_</b>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
Multiverse Health, LLC				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LEC" or	r the abbrevi	ation "L.I	L.C."
Enter new principal offices address, if applicable:		ý	· 🖂	
(Principal office address MUST BE A STREET ADDRE	ESS)	<u> </u>	72,	
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Enter new mailing address, if applicable:			F	• ;
(Mailing address MAY BE A POST OFFICE BOX)			<u>က</u>	r: f*
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B. If amending the registered agent and/or registered of	office address on our records, enter the	name of	the new	registere
agent and/or the new registered office address here:				
Name of New Registered Agent:			<del></del>	
New Registered Office Address:	_			
	Enter Florida street address			
	, Florid	la		
<del></del>	City		p 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 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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Fective date, if other than the neffective date is listed, the date muste: If the date inserted in this becoment's effective date on the Execution of the fective date of the fective date.	ist be specific and cannot be lock does not meet the a Department of State's rec	pplicable statutory f ords.	or more than 90 days afte Tling requirements, th	is date will	not be listed a
January 26	2022				
on A.	- NN	- <del>-</del>			
Ilalkon	Signature of a member or				

Filing Fee: \$25.00