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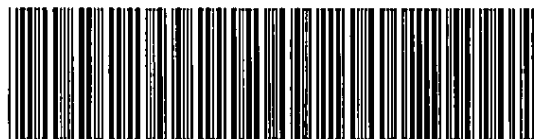
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**DATE: 1/27/2022**

**NAME: RTMS TECHNOLOGIES, LLC**

**TYPE OF FILING: AMENDMENT**

**COST: 25.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RTMS Technologies, LLC

\_\_\_\_\_  
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:

Nathaniel E. Jones, Jr.

443 759-3080  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

□ Change

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Nathaniel Jones  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**