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COVER LETTER

TO: Registration 5 Division of Co			
SUBJECT: <u>RM</u>	DiSTRIBUTION Name of Lin	Company LLC .	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Domingo	HERNANDEZ Name of Person	
	RM DISTE	Pirm/Company	y LC
	11222 Ast	RONAUT BLUD Address	
	OPLANDO,	FL 32837 City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
RICHARD R	TVERA of Person	at (<u>407</u>) <u>692 –</u> Area Code Daytime	1053 Tolephone Number
Enclosed is a check for	the 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)

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**

·	Liability Company as it now appears of Florida Limited Liability Company)	20,7
The Articles of Organization for this Limited Liab Florida document number <u>L1900009</u>		$\frac{94/09/30.19}{}$ and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company here	:
The new name must be distinguishable and contain the word	is "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, <u>enter the name of the ne</u> v
Name of New Registered Agent:	·	77.64
New Registered Office Address:		
	Enter Florida	street address
-		, Florida
Now Desistand Agent's Simustana School of the	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered 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
MGR	DOMINGO HERNANDEZ	13338 FALCON POINTE DR, ORLIND	FL. Add
		32837	□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
 			
			Remove
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fan effective Note: If the	ate, if other than the d date is listed, the date must be date inserted in this bloce effective date on the Dep	be specific and car ck does not meet	t the applicable s	e of filing or more th tatutory filing requ	(optional) an 90 days after filing uirements, this date	;.) Pursuant to 605.020
			e, but not an	effective time,	at 12:01 a.m.	on the earlier
	specifies a delayed of the record of the rec	ia is illedi				
The 90th	day after the recon	i-/	2019.			
The 90th	day after the recon	i-/	2019.			
The 90th	day after the recon	i-/	2019.	representative of a n	nember	

Page 3 of 3

Filing Fee: \$25.00