

L19000158987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

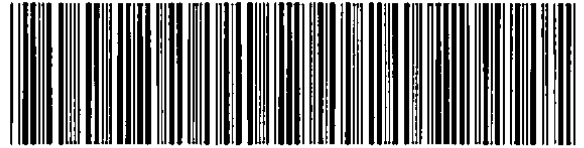
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600332671906

08/07/19

2

FILED
2019 AUG - 7 PM 2:00
SEC. OF STATE
TALLAHASSEE, FL

AUG 12 2019

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RLM INVESTMENT GROUP, 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:

SHERY GARTNO

Name of Person

Firm/Company

10645 GARCIA DRIVE

Address

TRINITY FL 34655

City/State and Zip Code

S. GARTNO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERY GARTNO

Name of Person

at (727)

Area Code

255 2808

Daytime Telephone 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**

RLM INVESTMENT GROUP, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/20/19 and assigned Florida document number L19000158987.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NINTH HOUSE REALTY GROUP, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10645 GARDA DRIVE
TRINITY FL 34655

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

10645 GARDA DRIVE

Enter Florida street address

TRINITY

City

Florida

34655

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LISSETTE MARTINEZ	_____	<input type="checkbox"/> Add
		9881 113 th ST. APT 221	<input checked="" type="checkbox"/> Remove
		Seminole, FL 33772	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	COLBY GARTINO	10645 GALDA DR	<input checked="" type="checkbox"/> Add
		Trinity FL 34655	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
AMBR	Kaylee GARTINO	10645 GALDA DR	<input checked="" type="checkbox"/> Add
		Trinity FL 34655	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is a small, dark, irregular smudge or mark located near the center-left of the page, approximately halfway down vertically. The rest of the page is clean and contains no other markings or text.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 8/1/19

Signature of a member or authorized representative of a member

Typed or printed name of signee