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(Requestor's Name)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of C	orporations	÷ 3	•		
RMC W	ORLWIDE, LLC				
ŚUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Nicolas A. Apfelbaum, Es	q.			
Name of Person					
	Apfelbaum Law				
Firm/Company					
451 SW Bethany Dr., Suite 202					
Address					
	Port St. Lucie, FL 34986				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information	n concerning this matter, please c	all:			
Nicolas A. Apfelbaum, Esq.		772 236-4009			
Name	e of Person		e Telephone Number		
Enclosed is a check for	r 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 Add		Street Address:			
Registration		Registration Se			
P.O. Box 6	Corporations 327	Division of Cor The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 OF C26 M 8: 32

RMC WORLWIDE, LLC

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

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
AMBR	RAJANA, PRAKASHANI	158 SW PEACOCK BLVD.	□ Add
		BUILDING 30, APT, 107	□Remove
		PORT ST. LUCIE. FL 34986	\(\exists \) Change
			□Add
			□Remove
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ecord specifies a is filed.	delayed effective date,	but not an effective	time, at 12:01 a.m.	on the earlier of: (b	The 90th day after t
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ited <u>Dece</u>	Signard	ire of a membor or au	thorized representativ	e of a member	

Filing Fee: \$25.00