

219 000 279 100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

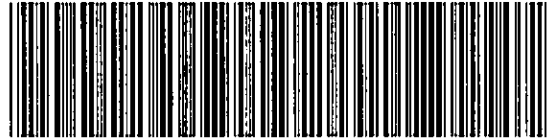
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2019 DEC 10 PM 3:34

LLC Name

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RESOURCE MANAGEMENT 709, 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:

STUART R. MORRIS, ESQ.

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

MORRIS LAW GROUP

\_\_\_\_\_  
Firm/Company

7284 W. PALMETTO PARK ROAD, SUITE 101

\_\_\_\_\_  
Address

BOCA RATON, FL 33433

\_\_\_\_\_  
City/State and Zip Code

ECOMPLIANCE@LAW-MORRIS.COM

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

For further information concerning this matter, please call:

JOSHUA B. GLASER, ESQ.

561 750-3850  
at ( )

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

Area Code

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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RESOURCE MANAGEMENT 709, 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 November 8, 2019 and assigned  
Florida document number L19000279100.

This amendment is submitted to amend the following:

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

RESOURCE MANAGEMENT 1098, 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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF STATE  
DIVISION OF CORPORATIONS  
2019 DEC 10 PM 3:34

**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:

*Enter Florida street address*

\_\_\_\_\_, **Florida** \_\_\_\_\_  
City 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**

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

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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.

Dated 12/9/19, 2019

*[Signature]*

Signature of a member or authorized representative of a member

JOSHUA B. GLASER, ESO.

Typed or printed name of signee

Filters Used:  
1 Tagged Record

# Note Report

Form Format

Date Printed: 12/09/2019  
Time Printed: 7:41AM  
Printed By: CHC

Date	12/05/2019	Time	9:06AM	9:06AM	Duration	0.00 (hours)	Code	Check Req
Desc	Check Request for Filing Fee for Amendment						Staff	JAV
Client	Rodriguez, Paul	Mat Ref	Resource Management 709, LLC				Mat No	23460.003
Alerts	(days before)Follow N Done N Notify Y Hide N Trigger N Private N Status							
Approved							User3	Send ALL check requests to CHC
User2							User4	CKREQ-[CLIENT NAME] etc.

## Path/Name

12/5/19 (jav)

Payable To: Florida Department of State

Needed by: 12/5/19

Amount: \$55.00

Reason for request: Filing Fee

Requester: JAV

If requesting over \$100 send to SRH for approval:

Special Instructions: Please return to JAV. Thank you.

TM12/9