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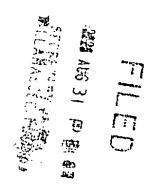
(R	lequestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
(B	dusiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer;

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COVER LETTER

TO:

	gistration Se- vision of Corp			
		FT ONLINE LLC		
SORTECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		JULIO ARAUJO		_
			Name of Person	
		TOTAL CORPORATION	SERVICES INC	
			Firm/Company	
		6355 NW 36TH ST SUITE	407	
			Address	
		VIRGINIA GARDENS, FI	. 33166	
			City/State and Zip Code	
		asesor@corporacionesenusa		· · · · · · · · · · · · · · · · · · ·
			to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please co	ıll:	
JULIO AR	OLUA		305 871-2525 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	ailing Addres	Section	Street Address: Registration Sec	
	ivision of C O. Box 632	Corporations	Division of Corp The Centre of T	
	o. Box 032 illahassee. I			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RIMORSOFT	ONLINE LLC			
(<u>Name of the Lin</u>	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	ļ	·	
The Articles of Organization for this Limited Florida document number L20000052648	Liability Company	/ were filed on <u>02/14/2020</u>		_ and ass	igned
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liab	oility company here:			
N/A					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" o	or the abbre	viation "L	.L.C.''
Enter new principal offices address, if appl	icable:	N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)				
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, enter th	<u>ie name (</u>	of the nev	<u>w registe</u>
Name of New Registered Agent:	N/A		<u> </u>	15. Es	
New Registered Office Address:		Part Part I was them	> 0 ::.:n	- 	77
		Enter Florida street address . Flor	talia talia talia Mata	$\underline{\varphi}$	
		City	ida	Zip Code	$\overline{\Box}$
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>	\$ 1. P	*8°	

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 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>	Name	Address	Type of Action
MGR	ITALO F MORALES FANTONE	6355 NW 36ST STE 407	
		VIRGINIA GARDENS, FL 33166	■Remove
			☐Change
MGR	VALERIA E ALDAS ORTIZ	6355 NW 36 ST STE 407	□Add
		VIRGINIA GARDENS, FL 33166	
			☐ Change
MGRM	ITALO F MORALES FANTONE	6355 NW 36TH ST STE 407	■Add
		VIRGINIA GARDENS, FL 33166	□Remove
			□Change
MGRM	VALERIA E ALDAS ORTIZ	6355 NW 36TH ST STE 407	■Add
		VIRGINIA GARDENS, FL 33166	□Remove
			□ Change
MGR	JULIO ARAUJO	5199 NW 7 ST APT 511E	≘ Add
		MIAMI, FL 33126	□Remove
			□Add
			□Remove
			□Change

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