## L200000090111

(Re	questor's Name)	
(Ad	dress)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	<del>-</del>
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## **COVER LETTER**

CUBIECT		ions, LLC	.: *	
SUBJECT	:	Name of Lim	nited Liability Company	
The enclose	RM Operations. LLC    Name of Limited Liability Company			
Please retui	rn all correspo	endence concerning this matter	to the following:	
		Bradley F. White, Esq.		
	Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  Im all correspondence concerning this matter to the following:    Bradley F. White. Esq.			
		WhiteBird, PLLC		Liability Company  ed for filing.  ne following:  Name of Person  Firm/Company  uite 209  Address  ity/State and Zip Code  rused for future annual report notification)  at (
			Firm/Company	
		730 E. Strawbridge Avenu	e, Suite 209	
			Address	
		Melbourne, Florida 32901		Daytime Telephone Number  2
		<del></del>	City/State and Zip Code	<del></del>
		-		
For further	information c		•	ification)
		•	321 327-5580	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
				ection
D	ivision of C	orporations	Division of Co	rporations
1.5	allahassee, I	FL 32314	Z415 IN. MONTO	De Sueel, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RM Operations, LLC		2013 " -7 PH 3: 30
( <u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our records. ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on March 25, 2020	and assigned
Florida document number L20000090111	<del></del> '	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		<del>_</del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	e name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	Enter rioriau street adaress	
	, Flor	ida Ziv Code
	~ <i>,</i>	wy conc

## 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>	Name	Address	Type of Action
MGR	Matthew Nicoletti	618 E. South Street, Suite 500	□ Add
		Orlando, Florida 32801	■Remove
			☐Change
MGR	RM Management Group, LLC	618 E. South Street, Suite 500	≣Add
		Orlando, Florida 32801	□Remove
			□Change
			□ Add
			□ Remove
			□Change
			🗀 Add
			□Remove
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			DAdd
			□Remove
			□Change
			□ Add
			□Remove
			□ Charge

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		<del></del>
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effect	date, if other than the date of filing:	
	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.	: listed a
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the
s filed		
ted	May 1, 2020	
icu.	1 af 1 , 2020	
-		
-	Signature of a member or authorized representative of a member	_

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