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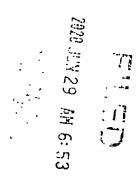
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Certified Copies	Certificates	of Status
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AUG 12 2020 S. YOUNG

COVER LETTER

TO:

Registration Section **Division of Corporations**

Tallahassee, FL 32314

	/HOLESALERS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	David Bauer		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Bauer Gutierrez & Borbor	PLLC	
		Firm/Company	
	814 Ponce de Leon Blvd,	Suite 210	
Address			
Coral Gables, FL 33134			
	·	City/State and Zip Code	
	Edward.barnett79@yahoo.c		
	E-mail address: (to be used for future annual repor	rt notification)
For further information	on concerning this matter, please c	all:	
Edward Barnett		305 469-690 at ()	00
Nan	ne of Person		aytime Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Addre	
Registration of	on Section f Corporations	Registration of	n Section Corporations
P.O. Box 6	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMO WHOLESALERS, LLC		د ۔ء
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 05/05/2020	and assigned
Florida document number L20000122080		1 3 1
This amendment is submitted to amend the following:		ن. ن
A. If amending name, enter the new name of the limited liab	ility company here:	, ω
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	l .
	, Flo	orida
	=:->	27 2000

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>	Address	Type of Action
MGR Edward Barnett	Edward Barnett	3195 NW 67th Street	= Add
		Miami, FL 33147	□Remove
			Change
			□Add
			□Remove
			DAdd
			□Remove
			□Change
		-	🗀 Add
			Remove
			☐ Change
			□Add
			□Remove
			□Change
		□Remove	

Page 2 of 3

, II dille	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	06/22/2020
	2.2
	Signature of a member or authorized representative of a member
	Flynd Rawell
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00