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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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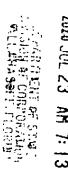


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SEP 11 2020 S. YOUNG



COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: Pali	(an Investor	ited Liability Company	(10_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Poseam_1	Mason-Sahwe Name of Person	Diz6C
	Pelican I	NUGSTMENT POL	rtners LLC
	3518 Pe	lican Blud.	
		Address	
	Capa Cora	City/State and Zip Code	3914
		ason 2013 at to be used for future annual report notif	
For further information co	oncerning this matter, please ca	all:	
OSECON Mason Name of	- Schweizer Person	at (<u>J39</u>) <u>& G.G.</u> Area Code Daytime	- 670 Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe	porations
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 May 12, 2026 and assigned Florida document number L8000013838.

This amendment is submitted to amend the following:

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

RMS29 Consulting Company here:

The new name must be distinguishable and contain the words "Lithwid Liability Company," the designation "LLC" or the abservation "LLC" or the abservatio

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
			🗆 Add
			Remove
			Change
			□Add
			□Remove
			□Change
		Land to the second seco	□ Add
			□ Remove
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Page 2 of 3

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lf an efl <u>Note:</u>	ive date, if other than the date of filing:
	cord 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	Signature of a member or authorized representative of a member
	Rossann Mason-Schweizer