## 120000 146860

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8/11/20

## **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT:	RM	// Teroso, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Kenneth R. Florio	
		Name of Person	
		Goodkind & Florio, P.A.	7025 115
		Firm/Company	
		4121 La Playa Blvd	
		Address	
		Coconut Grove, FL 33133	· ·
		City/State and Zip Code	
	C multipuddings (	n/a (to be used for future annual report)	nutitionting)
			indiffication)
	oncerning this matter, please o	all:	
Kenneth R. Florio			
Noma a	f Person	at ( <u>786</u> ) Area Code Day	713-5017
Name o	i Person	Area Code Day	time Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
Mailing Addres		Street Address	
Registration S Division of C		Registration Division of O	
P.O. Box 632	•		Tallahassee
Tallahassee, l	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oso, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears or</mark> Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company  L20000146860  Iorida document number	were filed on	9/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:	:	
RM Tesoro, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "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)			
muning duaress may be a rost of tree boay		<del></del>	
	•		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	rds, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:	Eucr Florida	street address	
		ro	
	City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agr	-	duties, and Lan	gree to comply with the familiar with and r, if this document is

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

Title	<u>Name</u>	Address	Type of Action
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ective date,	f other than the date of filing:s listed, the date must be specific and cannot be prior to date	optional) c of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date	inserted in this block does not meet the applicable s tive date on the Department of State's records.	tatutory filing requirements, this date will not be listed a
ament 5 circ	tive date on the Department of State Siecords.	•
ecord specifies s filed.	a delayed effective date, but not an effective time, at	t 12:01 a.m. on the earlier of; (b) The 90th day after the
ted	June 12	
	ZM	<b>/</b> .
	Signature of a member or authorized	representative of a member
	Kenneth R.	