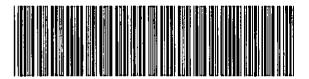
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(City/State/Zip/Phone #)
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COVER LETTER

Registration Section Division of Corporations

TO:

RPM Desig	ns LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard E. Douglas, Esqui		
		Name of Person	
	Richard E. Douglas, P.A.		
		Firm/Company	
	3440 Hollywood Blvd., Su	ite 415	
		Address	.
	Hollywood, FL 33021		
		City/State and Zip Code	
	lotus10@me.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Richard E. Douglas		954 618-1005	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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 Address Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Linbility Company as it now annears on all						
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	ir records.)					
The Articles of Organization for this Limited Liability Company were filed on June 10, 2	2020 and assigned					
Florida document number L20000159165						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the words "Limited Liability Company," the designati	ion "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)						
	11_F 22					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
	<u></u>					
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	s, <u>enter the name of the new regis</u>					
Name of New Registered Agent:	<u></u>					
New Registered Office Address:						
Enter Florida stre	Enter Florida street address					
	Florida					
Cuy	, Florida Zip Code					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agree to act in this capac	site. I further garge to comply wit					

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	Derrick Hinnendael	736 SW 102 Way	
		Unit 102	≣Remove
		Pembroke Pines, FL 33025	
MGR	Yigal Harel	2680 Riviera Court	■Add
		Weston, FL 33332	□Remove
			ZEI Change
			ZEPO DE CI⊇2
			IRemove
			Coehange
			□Add
			□Remove
			Change
			□Add
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Filing Fee: \$25.00