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## **COVER LETTER**

TO: Registration So Division of Cor					
RKMC LL	С				
SUBJECT: Name of Limited 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:			
	Robert Marascio				
		Name of Person			
	RKMC LLC				
		Firm/Company			
	7080 Timbeland Circle				
	Address				
	Naples Fl, 34109				
		City/State and Zip Code			
	robertmarascio@gmail.com	to be used for future annual report noti	tication)		
For further information c	concerning this matter, please c	·			
Robert Marascio		239 572-2561 at ( )			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	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 Addres		Street Address:			
Registration : Division of C		Registration Sec Division of Cor			
P.O. Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 JAH 29 AH 11: 26 RKMC LLC (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 9/10/2020 and assigned Florida document number 20000282856 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Robert Marascio LLC. The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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		and the second second		
<u>Title</u>	<u>Name</u>	Address   JAN 29 AMII: 26	Type of Action	
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ective date, if other than the date of filing	g:(optional) d cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
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cord specifies a delayed effective date, but not	t an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	, , , , , , , , , , , , , , , , , , , ,
January 20,	2020
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	1/26/20
Signature of a	member or authorized representative of a member
Signature of a	monder of administrate representative or a member
Robert Marascio	

Filing Fee: \$25.00