K21000028823

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Ottyrotatorziph Halle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

	egistration Sec ivision of Corp			
cub ieca	RMCS-2021	•	-	•
SUBJECT	:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
		idence concerning this matter	•	
		Robert Malyshev		
			Name of Person	
		RMCS-2021		
			Firm/Company	
		12378 Tattersall Park In		
			Address	
		Tampa, FL. 33625		
			City/State and Zip Code	
		rmconsulting2021@gmail.c	com to be used for future annual re	eport notification)
For further	information co	ncerning this matter, please c	alt:	
Robert Malyshev		813	5730036	
	Name of	Person	at () Area Code	Daytime Telephone Number
Enclosed is	a check for the	e following amount:		
	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
	ailing Address egistration So		Street Ado Registrat	dress: ion Section
D	ivision of Co	orporations	Division	of Corporations
Р.	O. Box 6327	!	The Cen	tre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMCS-2021		
(<u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	it now appears on our records.) y Company)	
The Articles of Organization for this Limited Liability Company were	filed on and assign	ned
Florida document numberL21000028823		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	company here:	
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the abbreviation "L.L.C	7.11
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)		
	· 22	
B. If amending the registered agent and/or registered office address	ss on our records, enter the name of the new r	<u>egiste</u>
agent and/or the new registered office address here:	;;; 	
	Ţ.·	
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Florida	
C	City 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 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 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	Robert Malyshev	12378 Tattersall Park Ln, Tampa, Fl, 33625	■Add
			□Remove
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			□Change

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ective d	ate, if other than the date of filing: (optional)	
	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed.	
	effective date on the Department of State's records.	
cord spe s filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
ed	February, 11 2021	
_	Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member	
	Robert Malyshev	
_	Typed or printed name of signce	