

21
L20000040188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

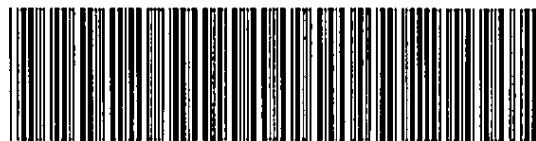
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/16/21--01010--027 **52.50
12/20/21--01047--002 **7.50

FILED
2021 DEC 22 PM 6:34
SHERMAN COUNTY
CLERK OF SUPERIOR COURT

PRICE
DEC 22 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2021

MIRANDA SHELTON KEITH
P.O. BOX 28024
PANAMA CITY, FL

SUBJECT: RM LAND MANAGEMENT LLC
Ref. Number: L21000040188

We have received your document for RM LAND MANAGEMENT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce
Corporate Records Supervisor II

Letter Number: 221A00029456

2021 DEC 22 PM 6:34
RECEIVED
CORPORATE RECORDS
DIVISION
FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RM Land Management LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miranda Shelton Keith
Name of Person

RM Land Management
Firm/Company

P.O. Box 28024
Address

Panama City, FL 32411
City/State and Zip Code

miranda.s.keith@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miranda Keith at (850) 261-9008
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 DEC 22 PM 6:34
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RM Land Management

(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 _____ and assigned
Florida document number L21000040188

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 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)

P.O. Box 28024
Panama City, FL
32411

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

Florida

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 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>	<u>Address</u>	<u>Type of Action</u>
	Kellan Shelton Keith	105 Dragon Circle	<input type="checkbox"/> Add
		Panama City Beach, FL	<input checked="" type="checkbox"/> Remove
		32409	<input type="checkbox"/> Change
	Karsen Lily Keith	105 Dragon Circle	<input type="checkbox"/> Add
		Panama City Beach, FL	<input checked="" type="checkbox"/> Remove
		32409	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2021 DEC 23 PM 3:34
SHELTON
TALAMON

2021 DEC 22 PM 6:34
SECURITY
TALLAHASSEE, FL

2021 DEC 22 PM 6:34
TALLAHASSEE, FL

(If an effective 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 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12/14/2021, Miranda Shelton Keith
Signature of a member or authorized representative of a member
Miranda Shelton Keith
Typed or printed name of signee