# L21000069456

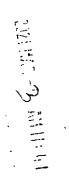
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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT:	RMS Service Name of Limit	es, LLC ited Liability Company	V e
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Richard N	1. Smith  Name of Person	
		Name of Person	
		Firm/Company	
	64 Soto S	Address	
		Address	
	Saint Augu	stine, TL 320	36
	nck-MS@	Stine TL 3200 City/State and Zip Code hotmail. Com	
For further information con	r:-mail address: (t cerning this matter, please ca	o be used for future annual report	notification)
Richard M.	Smith	at (904) 50.  Area Code Day	2-0920
Name of P	erson	Area Code Day	rtime Telephone Number
Enclosed is a check for the	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)

TO:

**Registration Section** 

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMS Jervices, LLC			
(Name of the Limited Liability Come (A Florida Limited	nany as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L21</u> 00069456	y were filed on <u>2-9-2021</u>	and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or the ab	breviation L.I	"C."
Enter new principal offices address, if applicable:			
• • •			
Principal office address MUST BE A STREET ADDRESS)		<del></del>	<del></del>
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 nam	e of the new	register
gent and/or the new registered office address here:			
Name of New Registered Agent:		_ 3	
		173	
New Registered Office Address:	Enter Florida street uddress	-T-	<del>;</del>
	Thuer I tot was site et dauress	)   <sub>e</sub>	
<del></del>	, Florida	<del>```</del>	- •
	City	Zip Gode	د مدر اندر

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree

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 **Title Address Type of Action** <u>Name</u> Richard M. Smith 64 Soto St. DAdd Saint Augustine, FL 32086 Remove AMBR Richard M. Smith Saint Augustive, FL 32086 Remove \_\_\_\_ □Change \_\_\_\_\_ Remove \_\_\_\_ □Change □Add \_\_\_\_\_ □Remove □ Change □Add \_\_\_\_\_ □Change □Remove

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Note:	ve date, if other than the date of filing:
ord is fi	
Dated	February 24th. 2=21  Richard M. Smith  Typed or printed name of signee
	Richard M. Muth Signature of a member or authorized representative of a member
	Richard M Smith
	Typed or printed name of signee