

L21000103071

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viera Limo 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:

Jonathan Werlang

Name of Person

RM Management Group LLC

Firm/Company

751 North Drive, Ste 12

Address

Melbourne, Florida 32934

City/State and Zip Code

jonathan@rmviera.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Werlang

281 723 6875

at ()

Name of Person

Area Code

Daytime 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)

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**

Viera Limo 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 03/11/2021 and assigned
Florida document number L21000103071.

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) _____

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>
AMBR	RM Management Group LLC	751 North Drive	<input checked="" type="checkbox"/> Add
		STE 12	<input type="checkbox"/> Remove
		Melbourne, Florida 32934	<input type="checkbox"/> Change
AMBR	LMN & Associates	1051 Eber Boulevard	<input type="checkbox"/> Add
		Suite 108	<input checked="" type="checkbox"/> Remove
		Melbourne, Florida 32904	<input type="checkbox"/> Change
MGR	RM Management Group LLC	751 North Drive	<input checked="" type="checkbox"/> Add
		Ste 12	<input type="checkbox"/> Remove
		Melbourne, Florida 32934	<input type="checkbox"/> Change
MGR	NICOLETTI, MATTHEW	751 North Drive	<input type="checkbox"/> Add
		STE 12	<input checked="" type="checkbox"/> Remove
		Melbourne, Florida 32934	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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 JUNE 24 1. 2014

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00