L21000119688

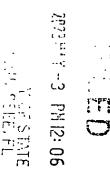
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.

Office Use Only



800408008828

05/03/23--01012--010 **25.00





COVER LETTER

•

TO:

Registration Section

Division of Corporations

SUBJECT: RM & F	RK VENTURES LLC					
		ited Liability Company				
	mendment and fee(s) are sub	_				
Please return all correspond	lence concerning this matter	to the following:				
	1	Rashida Khanom Name of Person				
	RM	& RK VENTURES LLC Firm/Company	·		2023:	
9912 Palazzo St Address					:: :: :3	i
Seffner, FL 33584 City/State and Zip Code					PH I2: 06	
	Rkhar E-mail address: (nom0605@gmail.com to be used for future annual report not	ification)	ſΤΙ	O)	
For further information con	cerning this matter, please co	all:				
Rashida K Name of F		at (<u>813</u>) <u>570-56</u> Area Code Daytin	096 ne 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)	Sertificate Certificate Certified Co	of Stat	tus &	
Mailing Address: Registration Sc Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Se Division of Co The Centre of	rporations Tallahassee			
Tallahassee, Fl	. 32314	2415 N. Monro	oe Street, Suite 810)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM & RK VENTURES LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Liability Company were fi	led on03/12/2021 and assig	gned
lorida document numberL21000119688		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability co	mpany here:	
GREY LINE MANAGEMENT LLC		
he new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation, "L.L.	.C."
Inter new principal offices address, if applicable:	9912 Palazzo St	
Principal office address MUST BE A STREET ADDRESS)	Seffner, FL 33584	-1.7 - \$ -2-ma
		-"96" -".
nter new mailing address, if applicable:	9912 Palazzo Stee 点	
Mailing address MAY BE A POST OFFICE BOX)	Seffner, FL 33584 🚊	
3. If amending the registered agent and/or registered office address gent and/or the new registered office address here:	s on our records, <u>enter the name of the new</u>	regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Tarret I would be the date of	

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.

Cuy

The form

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>	Name	Address	Type of Action
			□Remove
			🗀 Add
			□Remove
			Add []
			Remove
			Remove Change
			□Add
			Remove
			□Add
			□ Remove
			□Change
			□Add
		****	□Remove
			□ Change

like to chang	e it to a man	agement con	pany	
				
				~>
			<u> </u>	28/31
				.
			<u> </u>	<u>ယ်</u>
			SSE SSE	
		<u>.</u>		<u> </u>
			<u> </u>	- 6
ive date, if other than the date of filing: fective date is listed, the date must be specific and of If the date inserted in this block does not moderate a self- ment's effective date on the Department of Sta	cannot be prior to date set the applicable s	of filing or more than	(optional) 90 days after filing.) I rements, this date w	Pursuant to 605 ill not be liste
d specifies a delayed effective date, but not a led.	n effective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after
April 30	2023			
	r. • [7			

EU D CAE O