LZ1000208880

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COVER LETTER

	istration Sec ision of Corp			
CHDICT.		onsulting LLC		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Jacqueline Quiroga		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		5511 Parkcrest Drive STE	103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co	om to be used for future annual report noti	(Construction)
For further is	nformation co	n-mail address: (i oncerning this matter, please ca	·	(Reation)
		enBusiness INC	844 493-6249 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	n check for th	e following amount:		
≡ \$25,00 1	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R.M.B.L. Consulting 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 05/05/2021 _____ and assigned Florida document number $\underline{L21000208880}$ 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 "LLC." 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

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
AMBR	David Hertlein	1900 S Treasure Dr	□Add
		2K	≣Remove
		North Bay Village, FL 33141	□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date mu	e date of filing:		(optional)	
f an effective date is listed, the date min Note: If the date inserted in this b	st be specific and cannot be prior lock does not meet the applic	to date of filing or more the able statutory filing rea	an 90 days after filing.) Pursi uirements athis date will n	ant to 605.0207 or he listed as r
document's effective date on the E	Department of State's records		an ements. In a date with the	or or named and
record specifies a delayed effective	ve date, but not an effective ti	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th	day after the
d is filed.				
January 3rd	วกรร			
Dated		·		
	/s/ Rachel Anna M	Anthin		
	III KALUAL ANNA N	TAENISON		
	Signature of a member or author	orized representative of a r	nember	

Filing Fee: \$25.00