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| (Re | questor's Name) | |
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| (Ad | dress) | |
| - (Ad | idress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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T. MATTHEWS JAN 28 2022

COVER LETTER

TO:

Registration Section Division of Corporations

| R.M.B.L. (SUBJECT: | Consulting LLC | | |
|--|---|--|--------|
| SA/DATAST | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jacqueline Quiroga | | |
| | | Name of Person | |
| | ZenBusiness INC | | |
| | | Firm/Company | |
| | 5511 Parkerest Drive STE | 103 | |
| | | Address | |
| | Austin, Texas, 78731 | | |
| | | City/State and Zip Code | |
| | fulfillment@zenbusiness.co | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further information c | oncerning this matter, please c | all: | |
| Jacqueline Quiroga c/o 2 | ZenBusiness INC | 844 493-6249 at () | |
| Name o | f Person | at () | |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy Certificate of Standardional copy is enclosed) Certified Copy (additional copy is enclosed) | atus & |
| Mailing Addres Registration 9 | - | Street Address: Registration Section | |
| Division of Corporations | | Division of Corporations | |
| P.O. Box 632 | | The Centre of Tallahassee | |
| Tallahassee, FL 32314 2415 N. Monroe Street, Suite | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 JULY PH 3: 16

| R.M.B.L. Consulting LLC | | |
|--|---|------------------------------|
| (<u>Name of the Limited Liah</u> (A Flor | pility Company as it now appears on our records. ida Limited Liability Company) |) |
| The Articles of Organization for this Limited Liability | Company were filed on 05/05/2021 | and assigned |
| lorida document number L21000208880 | | |
| this amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | |
| The new name must be distinguishable and contain the words "I. | imited 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 ADD | DRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| 3. If amending the registered agent and/or register | red office address on our records, enter th | he name of the new regist |
| gent and/or the new registered office address here | :: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | rida |
| | СĤУ | 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> | Address | Type of Action |
|--------------|-------------------|--------------------|----------------|
| AMBR | Emilio Mayagoitia | 1756 N Bayshore Dr | □Add |
| | | 36N | _ |
| | | Miami, FL 33132 | |
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| Effective date, if other than the first an effective date is listed, the date many effective date inserted in this bedocument's effective date on the I | lock does not meet the ap | oplicable statutory fil | (optional) more than 90 days after filing.) Fing requirements, this date w | fursuant to 605,020 ill not be listed as |
| e record specifies a delayed effecti rd is filed. | ve date, but not an effecti | ve time, at 12:01 a.n | on the earlier of: (b) The | 90th day after the |
| Dated | . 2022 | | | |
| | /s/ Rachel Al | nna Mathison | | |
| | 751 - 1 | | | |
| | Signature of a member or | authorized representati | se of a member | |

Filing Fee: \$25.00