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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail	Address:		 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RM FAMILY ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM FAMILY ENTERPRISES, LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number   L21000228903	y Company were filed on 05/17/2021	and assigned
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:		<del></del>
(Principal office address MUST BE A STREET AL		<u> </u>
		AM D V
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	2	7
B. If amending the registered agent and/or regist agent and/or the new registered office address he	ered office address on our records, <u>enter the</u> re:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	F1:-	la.
-	, Florid	Zip Code
	Accord Accords	

## 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.

→ 18506176383

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> Fitle</u>	<u>Name</u>	Address	Type of Action
COO	Maria Lourdes Rizek Manon	9501 W HIGHWAY 326	
		OCALA, FL 34482	□ Remove
			Change
			□Add
			□ Remove
			Change
			□Add
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Effective date, if other than	the date of filing: _			(optional)	. 0.1.0.201
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet	the applicable sta	of filing or more than M atutory filing requires	days after himg.) Pursuani	be listed as
ne record specifies a delayed efford is filed.	ective date, but not an	effective time, at	12:01 a.m. on the ear	lier of: (b) The 90th da	ay after the
May 19 Dated	:	2022			
Dated May 19 Zam When	l .				
and and	·		epresentative of a mem		

Typed or printed name of signce