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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: RMP ALLIANCE L.L.C.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
REGINA MALTA Name of Person
RMP ALLIANCE LLC Firm/Company
5359 ISLEWORTH COUNTRY CLUB DR.
WINDERHERE FL 34786 City/State and Zip Code
mreginasantos malta agmail, con
For further information concerning this matter, please call:
Name of Person at (407) 408 7147 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\simega\$ \$30.00 Filing Fee \$\simega\$ \$\simega\$ \$55.00 Filing Fee \$\simega\$ \$\simega\$ \$\$ \$60.00 Filing Fee. \$\$ Certificate of Status \$\simega\$ Certified Copy (additional copy is enclosed) \$\$ Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

TO ARTICLES OF ORGANIZATION OF	TORY HARZ ED
RMP ALLIANCE LLC	Ay ID.
(Name of the Limited Liability Company as it now appears on our rec (A Florida Limited Liability Company)	ords.)

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 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 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
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