## L21000420542

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:						
SHBIE		oal Virtues LLC				
SUBJEC	∽!: <u></u>	Name of Lim	ited Liability Company	<del></del>		
			_			
			Name of Person		-	
		REGISTERED AGENTS	INC	p Code  annual report notification)  577-4639  Daytime Telephone Number  Copy Certificate of Status & Certified Copy (additional copy is enclosed)  TREET/COURIER ADDRESS: egistration Section		
			Firm/Company		-	
		7901 4th Street North Suit	e 300			
	Division of Corporations  R&M Global Virtues LLC    Name of Limited Liability Company					
		St. Petersburg, FL 33702				•
			City/State and Zip Code		SECH TAI	2021 [
			to be used for future annual	report notification)		)EC
For furth	ner information c	oncerning this matter, please ca	all:			
LEXIE	RIVERS			7-4639		PM 6
	Name o	f Person		Daytime Telephone Number		<u>ယ</u>
Enclosed	f is a check for the	ne following amount:				
		□ \$30.00 Filing Fee &	Certified Copy	Certifica closed) Certified	ite of Status & I Copy	
	Registr Divisio	ation Section	Registrat Division	tion Section of Corporations		

Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&M Global Virtues LLC		
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on 09/23/2021	and assigned
Florida document number L21000420542	- <u></u> -	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Frater's Global Virtues LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> <u>e address here</u> :	r the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		2 - 2
	Enter Florida street address	
_	, Florida	[25] 5
	City	rZip 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	Melody J Bright	7901 4th Street North Suite 300		
		St. Petersburg, Fl. 33702	■ Remove	
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(If an effective date is I Note: If the date in		oecific and cannot be process not meet the app	licable statutory fili	(option more than 90 days after fing requirements, this	iling.) Pursuant to 605	
	fies a delayed effe after the record i		not an effectiv <b>e</b>	time, at 12:01 a.	m. on the earli	er of:
Dated NOVEMBE	ER 23	. 2021	<del></del> ·			
		PAG	8-			
<del></del>	Signa	ture of a member or a	athorized representation	ve of a member		

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Filing Fee: \$25.00