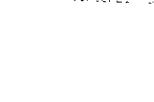
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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2021 NOV -8 PH 3: 15 STORET NOV NO TO TO

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

RMP MOE	BILE NOTARY AND IMMIGE	RATION SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	·	
·	_		
	RAYMOND PENNY		
		Name of Person	
	RMP MOBILE NOTARY	AND IMMIGRATION SERVICE	ES LLC
	_ 	Firm/Company	
	2310 SW 63RD TERRAC	E	
		Address	
	MIRAMAR, FL 33023		
		City/State and Zip Code	
	RMPMOBILESERVICE@		
	E-mail address: (to be used for future annual report not	afication)
For further information of	concerning this matter, please c	all:	
RAYMOND PENNY		754 801-9351	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIF

2021 NOV -8 PH 3: 15

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.

City

Enter Florida street address

__. Florida __

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			☐ Change
			□Add
			□Remove
			□Change

" REYMOND PENNY ". TI	HE CORRECT N	AME IS " RA	YMOND PEN	ΝΥ ".		
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etive date, if other than the flective date is listed, the date must If the date inserted in this blument's effective date on the De	be specific and careck does not mee	nnot be prior to t the applicabl	date of filing or m le statutory filin	ore than 90 days a	ptional) after filing.) Pursu this date will no	ant to 605.0 of be listed
ord specifies a delayed effective	date, but not an	effective time	e, at 12:01 a.m. e	on the earlier of	(b) The 90th	day after t
filed.						
OCTUBER 19		2021				
-	Signature of a men	\overline{D}	· ·			

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