# 121000470108

| (1                     | Requestor's Name)       |             |
|------------------------|-------------------------|-------------|
|                        | Address)                |             |
|                        | Address)                | <u> </u>    |
|                        | City/State/Zip/Phone #) |             |
| PICK-UP                | ☐ WAIT                  | MAIL        |
| (B                     | Business Entity Name)   |             |
| (I                     | Document Number)        | <del></del> |
| Certified Copies       | Certificates of         | Status      |
| Special Instructions t | o Filing Officer:       |             |
|                        |                         |             |
|                        |                         |             |
|                        |                         |             |
|                        |                         |             |

Office Use Only



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SECAL PART OF STATE TALLAHASSEE, FL

### **COVER LETTER**

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

| RMP Joint   | Ventures PLLC 2022 MAY 13 PM 3: 26  |
|---|---|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi  | mpany as it now appears on our records.) SEGAL FAICT OF STATE TALLAHASSEE, FL |
| The Articles of Organization for this Limited Liability Comp<br>Florida document number <u>L2100047010</u> 8.                                     | 1 ~ /   |
|   |   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited I  Likol Pagoria PL  The new name must be distinguishable and contain the words "Limited L | LC  |
| 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 offingent and/or the new registered office address here:                                    | ce address on our records, <u>enter the name of the new registered</u>        |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | Enter Florida street address  |
| <u></u>   | , Florida   |
|   | City Zip Code   |
| New Registered Agent's Signature, if changing Registered Age  | ent:  |

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.

It 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> | Name        | Address  | Type of Action |
|--------------|-------------|----------|----------------|
|              |             |          | □Add           |
|              |             |          | □Remove        |
|              |             |          | □ Change       |
|              |             |          | □Add           |
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