## 121000475854

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200414191752

2023 AUG 25 PH 12: 40

RECEIVED 2023 AUG 25 PM 3: 46

OS/25/23

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 957041 1 8270912

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: August 25, 2023

ORDER TIME : 12:57 PM

ORDER NO. : 957041-005

CUSTOMER NO: 8270912

## DOMESTIC AMENDMENT FILING

NAME: JM ZONING LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

TO: Registration S Division of Co			
JM Zoning	g LLC		
30 <b>5</b> 5551.	Name of Lin	nited Liability Company	
Division of Corporations  M Zoning LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Joseph Goldzal			
Please return all corresp	ondence concerning this matter	to the following:	
	Joseph Goldzal		
	<u> </u>	Name of Person	<b>—</b>
Division of Co  SUBJECT:  JM Zonin  SUBJECT:  The enclosed Articles of Please return all corresponding for further information. Jacob Ansel  Name  Enclosed is a check for the Subject of Control of C	Ansel & Slotopolsky, LLI	P	
:		Firm/Company	
	1131 Campus Drive W		
		Address	
	Morganville, NJ 07751		
	<del>-</del>	City/State and Zip Code	
			<u> </u>
	E-mail address:	(to be used for future annual report notification)	
For further information	concerning this matter, please of	call:	
Jacob Ansel			
Name o	of Person	Area Code Daytime Telephone N	umber
Enclosed is a check for t	he following amount:		
≅ \$25.00 Filing Fee		Certified Copy Cer (additional copy is enclosed) Cer	tificate of Status & tified Copy
_		_	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JWI Zoming CLC					
Q Q	Same of the Limited Liability Co (A Florida Limi	mpany as it now appears on o ted Liability Company)	ur records.)		
The Articles of Organization for Florida document number L210		any were filed on Novemb	er 4, 2021	and assigned	
This amendment is submitted to					
A. If amending name, enter the	ne new name of the limited I	iability company here:			
RPM Permit Zoning LLC					
The new name must be distinguishable	and contain the words "Limited L	iability Company," the designa	tion "LLC" or the abbr	eviation "L.L.C."	-
Enter new principal offices ad	dress, if applicable:				
(Principal office address MUS)	T BE A STREET ADDRESS	2			_
	· <del>-</del>			20	<u> </u>
		,		<u>ک</u>	HOISTAID
Enter new mailing address, if	applicable:			AUG	- <del>12</del> - G
(Mailing address MAY BE A P				Ω S	
	oor orrice bory			P	- <del>2</del> ;
		·	<del></del>	<u>≠</u> ≅	-유 :
B. If amending the registered	agent and/or registered offi	ce address on our record	ls, enter the name	• •	erec
agent and/or the new registere			,		<i>:</i>
Name of New Register	red Agent:				_
New Registered Office	: Address:				
		Enter Florida str	vet address		_
			, Florida		_
		City·		Zip Code	
New Registered Agent's Signatu	re, if changing Registered Ago	ent:			
I hereby accept the appointme provisions of all statutes relat accept the obligations of my p being filed to merely reflect a company has been notified in	ive to the proper and compl osition as registered agent change in the registered off	lete performance of my d as provided for in Chapt	luties, and I am fai er 605, F.S. Or, if	miliar with and this document is	

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
MGR	Joseph Goldzal	225 Broadway, Suite 1300	
-		New York, NY 10007	
		<del></del>	□Change
			□Add
			□Remove
			2823 AUG
			Remove <sup>S</sup> □Remove <sup>S</sup>
			☐Change ?: ↓ 0
<del></del>			DAdd
			Remove
			□ Change
			□Remove
			□ Change
			□Add
			□ Remove

DIVISION OF CORPORALISE

i		2023
		AUG
		3 25
		PH 12: 40
		01
ļ		
(If an Note	etive date, if other than the date of filing:	0207 (3) d as the
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after filed.	the
Date	August 25th, 2023	
	$\mathcal{A}$	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00