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Certified Copies	_ Certificates	of Status
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T. MATTHEWS MAY 16 2022

## **COVER LETTER**

10.	Division of Corp			
cup icz		LDS AND MAINTENANCE I	J.C	
SUBJEC	.1:	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Thomas O. Michaels, Esq.		
			Name of Person	
		Thomas O. Michaels, P.A.		
			Firm/Company	· <u> </u>
		1370 Pinehurst Rd		
			Address	<del></del>
		Dunedin, FL 34698		
			City/State and Zip Code	
		skisharborl@aol.com	to be used for future annual report noti	Contion
For fired	har information a	er-mair address: ( oncerning this matter, please of		neation)
rorium	ner mormanon c	oncerning and matter, prease en		
Thomas	s O. Michaels, Es	q.	727 733-8030 at ( )	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	d is a check for th	ne 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 Addres Registration S		Street Address: Registration Se	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEO SeckETARY OF STATE DIVISION OF CORPORATIONS

22 APR 15 AMII: 27

R & M FIELDS AND MAINTEN			
( <u>Name of the Limi</u>	ted Liability Company as it r (A Florida Limited Liability C	now appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number L21000522200	iability Company were fi	led on December 10, 2021	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	of the limited liability con	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		<del> </del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		on our records, <u>enter the na</u>	ame of the new regis
Name of New Registered Agent:	RITA D. IWANSKI		· -
New Registered Office Address:	1326 NEW YORK AV	E	
		Enter Florida street address	
	Palm Harbor	, Florida	34683
	Cin		Zip 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.

f 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>	<u>Address</u>	Type of Action
MGR	RITA D. IWANSKI	1326 NEW YORK AVE	□Add
		PALM HARBOR, FL 34683	■Remove
			<b>≘</b> Change
MGR	MATTHEW P. IWANSKI	1326 NEW YORK AVE	□Add
		PALM HARBOR, FL 34683	■Remove
			□Change
AMBR	RITA D. IWANSKI	1326 NEW YORK AVE	<b>≣</b> Add
		PALM HARBOR, FL 34683	□ Remove
		<u></u>	□Change
AMBR	MATTHEW P. IWANSKI	1326 NEW YORK AVE	<b>≣</b> Add
		PALM HARBOR, FL 34683	□ Remove
			□Remove
			Change
			□Remove
		•	□Change

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Filing Fee: \$25.00