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COVER LETTER

TO:

	gistration Se vision of Cor			
elibirat.	Distinguish	ed LLC		
SUBJECT:		Name of Lim	ited Liability Company	·
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Jonathan Werlang		
			Name of Person	
		RM Management Group L	L.C	
			Firm/Company	2021 SE
		751 North Drive, Ste 12		ARE JUL
			Address	28
		Melbourne, Florida 32934		(A) 理
		jonathan@rmviera.com	City/State and Zip Code	2024 JULI 28 MILLI 52 SECRETARY OF SIMI
		-	to be used for future annual report no	£ 1.
For further	information c	oncerning this matter, please c	all:	
Jonathan W	erlang/		281 723 6875	
	Name o	f Person		me Telephone Number
Enclosed 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)
Ro Di P.	ailing Address egistration Sivision of CO. Box 632 allahassee, I	Section forporations 7	Street Address: Registration Solivision of Co The Centre of 2415 N. Monra Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Distinguished LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Comp	any were filed on 01/05/2022	and assigned
lorida document number 1.22000005079		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited L	nability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	·	
		202
		AG E
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		7.2% 60 3.1.1
		第5. 连 <u></u>
		775 CT
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	N
	Flo	orida
	Cüv	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.

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>	<u>Address</u>	Type of Action
AMBR	RM Management Group LLC	751 North Drive	
		STE 12	□Remove
		Melbourne, Florida 32934	□Change
AMBR	LMN & Associates	1051 Eber Boulevard	🗀 Add
		Suite 108	■Remove
		Melbourne, Florida 32904	□ Change
MGR	RM Management Group LLC	751 North Drive	≣ Add
		Ste 12	□Remove
		Melbourne, Florida 32934	S Hange
MGR	NICOLETTI, MATTHEW	751 North Drive	SECRETAL JUNA Add
		STF. 12	β Remove:
		Melbourne, Florida 32934	Of thange
MGR	NICOLETTI, LAURA	751 North Drive	
		STE 12	■Remove
		Melbourne, Florida 32934	
			□Remove
			□Change

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n effective date	, if other tha c is listed, the da	te must be spec	cific and can	not be prior t	to date of filin	g or more than	(option 90 days after t	iline) Pursu	ant to 605	5.0207
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