L22 000019269

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
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(Duringer Entity Name)
(Business Entity Name)
(Document Number)
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SECRETARY SEE STATE

COVER LETTER

TO: Registration Solution of Col							
RMIF LLC							
SUBJECT:		nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	монаммер канмат	\$					
		Name of Person					
	RMIF LLC						
		Firm/Company					
	2701 SAFFRON DR						
		Address					
	ORLANDO FLORIDA 32	2837					
		City/State and Zip Code					
	rmiffle@gmail.com						
For further information of	n-mail address: o	to be used for future annual report not all:	meation)				
Mohammed Rahman		407 3834535					
Name of Person		Area Code Daytir	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)				
<u>Mailing Address:</u> Registration Section		<u>Street Address:</u> Registration Sc	ection				
Division of C	lorporations	Division of Corporations					
P.O. Box 632		The Centre of					
Tallahassee.	ELU 04014	2413 N. Monro	pe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 1111 10

RMIF LLC			2022 JUN 10 AM 11: 04			
(<u>Name of the Limited I</u> (A l	jability Compa Jorida Limited I	ny as it now appears on ou Liability Company)	TALLAHASSEE, FL			
ne Articles of Organization for this Limited Liabi	lity Company	were filed on $\frac{01/10/202}{}$	2 and assigned			
orida document number L22000019269						
nis amendment is submitted to amend the following						
. If amending name, enter the new name of the	<u>e limited liabi</u>	ility company here:				
e new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."			
nter new principal offices address, if applicable	e:	2701 SAFFRON DR	·			
Principal office address MUST BE A STREET A		ORLANDO FLORIDA 32837				
nter new mailing address, if applicable:		2701 SAFFRON DR				
Aailing address MAY BE A POST OFFICE BO.	V)	ORLANDO FLORIDA 32837				
. If amending the registered agent and/or registered affice address he		iddress on our records	, enter the name of the new regist			
Name of New Registered Agent:	MOHAMMED RAHMAN					
New Registered Office Address: 2	701 SAFFRON					
		Enter Florida stree	et address			
(**	DRLANDO		, Florida <u>32837</u>			
		City	Zip Code			

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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

Title	Name	Address	Type of Action
AMBR	MOHAMMED RAHMAN	2701 SAFFRON DR, OLANDO FLORIDA 32837	= Add
		SAIRA KHATOON	≡ Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
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f an effec Note: H	e date, if other t tive date is listed, the the date inserted it's effective date	e date must be spe in this block do	eific and cannot neet i	the applicabl				ling.) Purst		
e record : rd is filed	specifies a delayed d.	Leffective date,	but not an e	ffective time	e, at 12:01 a.i	m. on the earl	ier of: (b)	The 90th	day af	ter the
Dated 6/	78/2022									
	Car	9	·		-					
		Signati	ire of a memb	er or authoriz	ed representa	ive of a memb	er			