## 122000058425

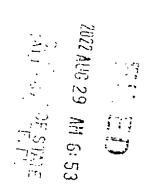
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<b>3</b>	
:		
	_	

Office Use Only



800393287218

08/29/22--01028--027 \*\*30.00



A. BUTLER

DEC - 3 2022

## **COVER LETTER**

TO:

Registration Section Division of Corporations

· SUBJECT:	RPM DIVERSIT	Y GROUP LLC	;		
3000000	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Patricia Carvil			
		Name of Person			
	С	arvil's Professional Services	6		
	A	Firm/Company			
		1311 NE 210 Ter			
Address					
	City/State and Zip Code				
		Carvilps@gmail.com to be used for future annual report notific	antium)		
			cation)		
	oncerning this matter, please c	all:			
Patr	ricia Carvil	at ( 786 ) 214-2	2026		
Name o	of Person		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 Addres</u> Registration Division of C	Section	<u>Street Address:</u> Registration Sect Division of Corp			
P.O. Box 633	27	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RPM DIVER	RSITY GROUP LLC 2022 Allo 2
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	$\mathcal{F}_{A}$ , $\mathcal{F}_{A}$
The Articles of Organization for this Limited Liability Company Florida document numberL22000058425	were filed on02/03/2022
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	
Adaptive Bet The new name must be distinguishable and contain the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Limited Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words" "Limited Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains the words" "Liability Contains the words "Liability Contains t	navioral Health LLC
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1311 NE 210 Ter
(Principal office address MUST BE A STREET ADDRESS)	Miami FI 33179
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	1774 Macklin St NW Palm Bay FL 32907
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address 1582 KERON WAY	Type of Action
MGR ———	OVERTON, ANITOINE	HEPHZIBAH, GA 30815	🗆 Add
			<b>Z</b> Remove
			□Change
			🗆 Add
			□Remove
			□Change
			Remove
			🗆 Change
· · · · · · · · · · · · · · · · · · ·			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			Change
			□Add
			□Remove
			□Change

						······································		
								-
	•		-					
				_	<del></del> -			
					- <del></del>			
						•		
						<del> </del>		
	<u>,</u>							
<del></del>								
	<del></del> 1				<del>-</del>			<u> </u>
ective date.	, if other than t	the date of fi	ling:			(o	ptional)	
effective date e: If the da	: is listed, the date it te inserted in this	must be specific s block does n	and cannot be of meet the a	: prior to date o ipplicable sta	of filing or more tutory filing r	than 90 days a equirements,	this date will	rsuant to 605.020 I not be listed a
ument's effe	ective date on the	2 Department o	of State's rec	cords.				
cord specific s filed.	es a delayed effec	ctive date, but	not an effect	tive time, at 1	12:01 a.m. on	the earlier of	f: (b) The 90	th day after the
o inca.								
	11 24		202	22				
od A			— · ——	<del></del> ·	_	. 🔿		
ed A	<u>y. ~ 1</u>		1	/ _	Λ	//		
ed A	<u></u>		Ja.	tin.	Con	سلم		
ed <u>An</u>		Signature o	of a member of	r authorized re	presentative of	a member		