## 122000098432

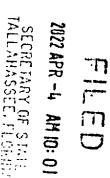
(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	J. HORNE	
A	NPR 16 2022	

Office Use Only



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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

RMN Cons SUBJECT:	sulting Services LLC		
SUBJECT:	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:	
	Robert M. Negron		
		Name of Person	
	RMN Consulting Services	LLC	
	<del> </del>	Firm/Company	<del></del>
	119 Tulip Lane		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Kissimmee, FL 34759		
		City/State and Zip Code	
	RMN.Consulting.Services.l		
	E-mail address: (	to be used for future annual report no	otification)
For further information c	concerning this matter, please c	ail:	
Robert M Negron		203 887-6660 at ( )	
Name o	of Person		me Telephone Number
Enclosed is a check for the	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)
Mailing Address		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632	<u>=</u> '	The Centre of	<u>-</u>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF B	2022 APR -4 AM 10:	FILED
	02 بر	

Zip Code

RIVIN Consulting Services LLC	
(Name of the Limited Liability Com (A Florida Limite	mpany as it now appears on our records.) ed Liability Company)
	200
he Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{2/24/2022}{}$ and assigned
lorida document number 1.22000098432	- •
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited li	ability company here:
he new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	119 Tulip Lane
Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34759
Tricipal office address most be A STREET ADDRESS;	
	· · · · · · · · · · · · · · · · · · ·
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Papistered Office Address: 119 Tulip La	ine
New Registered Office Address: 119 Tulip La	Enter Florida street address
Kissimmee	

## New Registered Agent's Signature, if changing Registered Agent:

DAMI Compulsion Common LLC

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.

City

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
AMBR	Robert M Negron	119 Tulip Lanc	
		Kissimmee,FL 34759	□ Remove
			■Change
MGR	Staci L Negron	311 Colonade Court	□ Add
		Kissimmee, FL 34758	■ Remove
			□Change
			□Remove
			Change
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

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	3 <i>f</i> .	29/2022			
ctive date, if other than the	e date of filing:		of filing or more th	( <b>option</b> :	<b>al)</b> ng ) Pursuant to 605 020
e: If the date inserted in this l	olock does not meet t	he applicable st			
iment's effective date on the	Department of State's	s records.			
ord specifies a delayed effect filed.	ve date, but not an e	ifective time, at	12:01 a.m. on the	e carlier of: (b)	The 90th day after the
mu.					
, March 29	20	22			
March 29		·			
-77-	-m	7			
		<b>S</b>			
	Signature of a memb	er or authorized i	epresentative of a	member	