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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

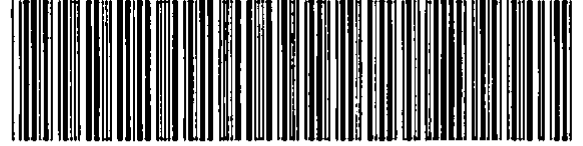
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09/07/22--01009--026 **43.75

2023 FEB - 7 AM 11:29
TALLAHASSEE, FL
STATE

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2022

NORTHWEST REGISTERED AGENT
7901 4TH ST N
STE 300
SAINT PETERSBURG, FL 33702

SUBJECT: RONWALD MANAGEMENT ENTERPRISE, LLC
Ref. Number: L22000141510

RECEIVED
DIVISION OF STATE
TALLAHASSEE, FL

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We have received your document for RONWALD MANAGEMENT ENTERPRISE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall
OPS Clerk

Letter Number: 622A00026664

FEB 7 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RONWALD MANAGEMENT ENTERPRISE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NORTHWEST REGISTERED AGENT
Name of Person

Ronald Management Enterprise, LLC
Firm/Company

7901 4th St N STE 300
Address

Saint Petersburg, FL, 33702
City/State and Zip Code

info@ronwaldmgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Velma Waldron
Name of Person

at (888) 787-6442
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|--|--|---|

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RONWALD MANAGEMENT ENTERPRISE, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
FEB 27 AM 11:29
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/22/22 and assigned
Florida document number L22000141510

This 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 Liability 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)

867 Baylston Street
5th Floor
Boston, MA 02116

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

867 Baylston Street
5th Floor
Boston, MA 02116

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

NA
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 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>	<u>Type of Action</u>
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STATE OF FLORIDA
TALLAHASSEE, FL

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FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C.

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STAFF
OFFICE
FBI

1/20/23

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1/20/23.


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Velma Waldron

Typed or printed name of signee

Filing Fee: \$25.00