L22000161948

(Re	questor's Name)	
		
(Ad	dress)	
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(Cit	y/State/Zip/Phone	- #N
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	curnent Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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SECREMENTS AN 8: 15

COVERLETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

MERK CAI	PITAL LLC			
*	, Name of Lim	ited Liability Company		 .
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	RAYMUNDO BALADI			
		Name of Person		
	MERK CAPITAL LLC			
		Firm/Company		
	9787 TRANQUILITY LA	KE CIR, APT 302.		
		Address		
	RIVERVIEW, FLORIDA.	33578		
	BANDAL ADIGCMAN C	City/State and Zip Code		
	RAYBALADI@GMAIL.Co	to be used for future annual i	report notification)	
For further information co	oncerning this matter, please ca			
RAYMUNDO BALADI		786 438	8-7026	
Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	losed) (60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres		Street Ad		
Registration S Division of C		-	ation Section n of Corporations	3
P.O. Box 632	-		ntre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

THE TOTAL OF THE PROPERTY

TO ARTICLES OF ORGANIZATION OF

MERK CAPITAL LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company with Florida document number <u>L22000161948.</u>	ere filed on APRIL 5, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
RBM TAX & ACCOUNTING LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or registered office ad-	dress on our records, enter the name	of the new room
agent and/or the new registered office address here:	7-10-10-10-10-10-10-10-10-10-10-10-10-10-	
Name of New Registered Agent:	<u> </u>	10. 2
New Registered Office Address:	 F C	r., 8
	Enter Florida street address	Sim G

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 wit 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 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 Changing Registered Agent, Signature of New Registered Agent

or rémoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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Effective date, if other than the d (If an effective date is listed, the date must b	ate of filing:		(optional)
Note: If the date inserted in this bloc	k does not meet the applic	cable statutory filing requi	rements, this date will not be listed
document's effective date on the Dep	eartment of State's records	3.	
he record specifies a delayed effective or ord is filed.	date, but not an effective t	ime, at 12:01 a.m. on the o	earlier of: (b) The 90th day after th
Dated	2022		
Dated	· · · · · · · · · · · · · · · · · · ·	·	
	Just 6		
	ignature of a member or auth	norized representative of a me	ember

Typed or printed name of signee