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COVER LETTER

	istration Se sion of Cor			•
SUBJECT:	RHETT	MESSAGE 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	ndence concerning this matter	to the following:	
		RHETT SMITH		
		-	Name of Person	
		RHETT MESSAGE SER	. <u> </u>	
			Firm/Company	
		9424 BAYMEADOWS R	D SUITE 250	
			Address	
		JACKSONVILLE, FL 3	2256	
			City/State and Zip Code	
		SRHETT@YMAIL.COM E-mail address: (to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please c		
RHETT SN	ИІТН		at (240) 619-9164	
	Name o	f Person	at (240) 619-9164 Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres		<u>Street Address:</u> Registration Se	ection
Div	-	Corporations	Division of Co The Centre of	rporations
	lahassee, l			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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RHETT MESSAGE SERVICES LLC		ATANETARY OF STATE
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	SEGRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company w	ere filed on 05/10/2022	and assigned
Florida document number L22000218986		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
RHETT MASSAGE SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	 	
Enter new mailing address, if applicable:	····	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	dress on our records, enter the r	name of the new registered
agent and/or the new registered office address here:		
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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I a ovided for in Chapter 605, F.S. (am familiar with and Or, if this document is

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>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□∧dd
			□Remove
			□Change
			□Add
			□ Remove
			Change
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			□Add
			□Remove
			□Change

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ffective date, if other than the date of filing:	_ =
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ated JULY 26TH 2022 Signature of a member or authorized representative of a member	

Filing Fee: \$25.00