KZZ 000 238100

(D-			
(Ke	equestor's Name)		
(Ad	ldress)		
(Address)			
(Cit	ty/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL	
(B)	siness Entity Name	<u> </u>	
(50	isiness Littly Name	,	
(De	ocument Number)		
Certified Copies	_ Certificates o	f Status	
Special Instructions to	Filing Officer		
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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Rame of Limited Line	Services ILC.
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	llowing:
foul mi	arne of Person
- fmm ac	wity Services uc
2512 536	St Su Address
Lenigh Ac	tate and Zip Code
Final address to be use	Hanco Con dor future annual report notification)
	to the relative annual report nonnearion)
For further information concerning this matter, please call:	O170
Paul Molina Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	55.00 Filing Fee & Certified Copy Sadditional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



October 31, 2022

RAUL MIGUEL MOLINA

2512 53RD ST SW LEHIGH ACRES, FL 33976 US

SUBJECT: RMM QUALITY SERVICES LLC

Ref. Number: L22000238100

We have received your document for RMM QUALITY SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following:

The form you submitted is for a FOREIGN, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call.

Carl Hall OPS Clerk

Letter Number: 022A00024419

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mm Quality Services LC

(Name of the Limited Liability (A Florida I	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	Ď	672 and assigned 2822 100 15
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "LT.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	
	, Floric	da

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>	Name	Address	Type of Action
RR	Lilia Deret		
•		Lenigh Poros FL.	Remove
		- Cenigh paros rus	□ □ Change
			🖸 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
		□Remove	
		□Remove	
			□Add
		□Remove	
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ecord is filed.
Dated 11 15 22 Signature of a member or authorized representative of a member
Typed or printed name of signee

Filing Fee: \$25.00