## L22000 390992

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations		
eno n		AL PREMIUM MOTORS LL	.C	
SUBJI	ECT:	Name of Lim	ited Liability Company	<del></del>
The en	iclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ROMEU REMON, REYN.	ALDO	
			Name of Person	
		RPM RENTAL PREMIUN	4 MOTORS LLC	
		<del></del>	Firm/Company	··••
		7800 GRANADA BLVD		
		184.55017111	Address	
		MIRAMAR, FL 33023		
			City/State and Zip Code	
		rey@rpm.miami		
		E-mail address: (t	o be used for future annual repo	rt notification)
For fur	ther information co	oncerning this matter, please ca	all:	
ROMEU REMON, REYNALDO		561 704-24 at ()		
	Name of	Person	Area Code E	Paytime Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>■</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RPM RENTAL PREMIUM MOTORS LLC

2023 MAR 10 PM 1: 38

SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FI CHI The Articles of Organization for this Limited Liability Company were filed on  $\frac{09/07/2022}{1}$ and assigned Florida document number L22000390992 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: R PREMIUM MOTORS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: Enter Florida street address

## 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.

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>	<u>Address</u>	Type of Action
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		<u> </u>	□Remove
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fan effective <b>Note:</b> If th	e date is listed, th te date inserted	than the date of the date must be specificate in this block does on the Department	ic and cannot be pr not meet the app	ior to date of filing c licable statutory f	r more than 90 days	optional) after filing.) Pursuant s. this date will not l	to 605,0207 (, oe listed as th
		d affective date. bu	it not an effective	e time, at 12:01 a.i	n. on the earlier o	of: (b) The 90th da	y after the
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d is filed.	03/08	1/2023	of a member or au	thorized represental			_