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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Registration Section

TO:

Division of Corp	oorations ,		4 +	
RJM SERVI	CES OF SWFL LLC		<b>A</b>	
SUBJECT.	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Ryan Mollric			
		Name of Person	<del> </del>	<u> </u>
	RJM SERVICES OF SWF	L LLC		
		Firm/Company	•	_
	20565 Ardore Ln			17 [
		Address		- ; <u>;</u>
	Estero, FL 33928			•
		City/State and Zip Code		_ ' ' '
	rmollric@hotmail.com			
	E-mail address: (	to be used for future annual report no	tification)	F .: U
For further information co	ncerning this matter, please co	all:		
Ryan Mollric		330 697-7079		
Name of	Person		me Telephone Numb	er
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address		Street Address:		
Registration S Division of Co		Registration Se Division of Co		
P.O. Box 6327		The Centre of		
Tallahacea F			ne Street Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		Florida
New Registered Office Address:	Enter Florida street	address
Name of New Registered Agent:		
ent anu/or the new registered office address here.		
If amending the registered agent and/or registered of ent and/or the new registered office address here:	office address on our records,	enter the name of the new regi
		r:
		· · · · · · · · · · · · · · · · · · ·
Tailing address MAY BE A POST OFFICE BOX)		
ter new mailing address, if applicable:		= <del>-</del>
meipai vijite udaress most be A STREET ADDRE		-1.
rincipal office address MUST BE A STREET ADDRE	SS)	C. 55
ter new principal offices address, if applicable:		411-
new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
If amending name, ener the new name of the name	a naonty company nere	
If amending name, enter the new name of the limite	ed liability company here:	
is amendment is submitted to amend the following:		
orida document number L23000051807	,	
e Articles of Organization for this Limited Liability Con	npany were filed on 01/27/2023	and assigned
(A Florida Li	Company as it now appears on our imited Liability Company)	

## 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 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
AMBR	Kathryn Mollric	20565 Ardore Ln Estero, Fl 33928	🗀 Add
			□ Change
Oyner? MGRM	Ryan Mollric	20565 Ardore Ln Estero, Fl 33928	<b>≣</b> Add
MGKM			Remove
		<u></u>	□ Change
			C ⊵□Add
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	(antional)	
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to do	(optional) ate of filing or more than 90 days after filing.) Pu	rsuant to 605.020
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	e statutory filing requirements, this date will	not be listed a
cord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90	th day after th
February 9th 2023		
Duel Da		

Typed or printed name of signee