

L23 606 103 984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

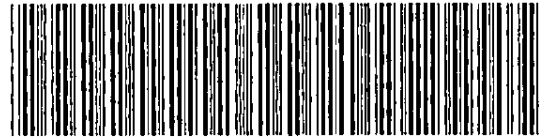
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2023 APR 13 PM 4:02  
SUPERIOR COURT  
CLERK OF COURT  
TALLAHASSEE, FLORIDA  
2022 APR 13 PM 4:17

APR 15 2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RPMB, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Palmer

\_\_\_\_\_  
Name of Person

RPMB, LLC

\_\_\_\_\_  
Firm/Company

1229 S Magnolia Dr

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

bpalmer@eesolutions.us

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Palmer

850 933-9681

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                             |                                                                                   |                                                                                                  |                                                                                                                            |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

100

2022 APR 13 PM 4:17

(A Florida Limited Liability Company)

This amendment is submitted to amend the following: Section D.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Figure 1. Schematic representation of the experimental design. The first part of the experiment consisted of a 10-min familiarization period. The second part consisted of 10 trials, each lasting 10 min. The third part consisted of 10 trials, each lasting 10 min. The fourth part consisted of 10 trials, each lasting 10 min. The fifth part consisted of 10 trials, each lasting 10 min. The sixth part consisted of 10 trials, each lasting 10 min. The seventh part consisted of 10 trials, each lasting 10 min. The eighth part consisted of 10 trials, each lasting 10 min. The ninth part consisted of 10 trials, each lasting 10 min. The tenth part consisted of 10 trials, each lasting 10 min.

**Florida**

**Florida**

Zip Code

*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**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Nature of work will expand to include home repairs and services

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated April 13, 2023



Signature of a member or authorized representative of a member

Barbara Palmer

Typed or printed name of signee

Filing Fee: \$25.00