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(Requestor's Name)
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S. FRANKLIN JUN - 5 2023

COVER LETTER

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C = 1 = 1 = 1 = 1 = 1 = 1		THONS LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Art	ticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspor	idence concerning this matter	to the following:	
		Filing Michaell)		
		•	Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		336 E College Ave., Ste 30	·I	
			Address	
		Tallahassee, FL 32301		
		fulfillment@zenbusiness.co	City/State and Zip Code	
			to be used for future annual report not	ification)
For further infort	mation co	ncerning this matter, please co	all:	
Filing MichaelD c/o ZenBusiness Inc.		844 493-6249 at()		
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a che	eck for the	e following amount:		
■ \$25.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	Address		<u>Street Address:</u> Registration Sc Division of Co	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMK SOLUTIONS LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on ou d Liability Company)	r records.)	<u>-</u> _	
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/10/2023}{\text{Elorida document number}}$				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liz	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designati	on "LLC" or the abbro	eviation "L.L.C."	
Enter new principal offices address, if applicable:			20	
Principal office address MUST BE A STREET ADDRESS)		· 	23 零 ::::::::::::::::::::::::::::::::::::	
			<u> </u>	
Enter new mailing address, if applicable:			PH	
Mailing address MAY BE A POST OFFICE BOX)		1,10 TIS	<u> </u>	
		1 - 1	င့် ဟ	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	, enter the name		
Name of New Registered Agent:		 -		
New Registered Office Address:			- 	
	Enter Florida stred			
	Cin	, Florida	2: 17 . J.	
	City		Zip Code	

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>	<u>Name</u>	Address	Type of Action
AMBR	Ruben Mozes Kiss	941 NE 155TH TER	
		North Miami Beach, FL 33162	□ Remove
			■ Change
AMBR	Joshua R Kurpe	29 E 2nd St	
		West Alexandria, OH 45381	□ Remove
		· · · · · · · · · · · · · · · · · · ·	
			□Add
			Remove
			□Change
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Not	ective date, if other than the effective date is listed, the date muste: If the date inserted in this blument's effective date on the D	lock does not meet the applic	able statutory filing require	(optional) 90 days after filing.) Pursuant to 605.0 ements, this date will not be liste	0207 (3)(b d as the
		/e date, but not an effective ti	me, at 12:01 a.m. on the ea	urlier of: (b) The 90th day after	the
f the received is					

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