4/20/23, 2:41 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORSUNNYISLES.COM INC

Account Number : I20200000118 Phone : (305)260-6968 Fax Number : (786)513-7810

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RMMA AMERICA LLC

Certificate of Status	0
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Page Count	01
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMMA AMERICA LLC		
(<u>Name of the Limited Liability</u> (A Florida l	Company as il now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Linbility Co	ompany were filed on 03/30/23	and assigned
Florida document number L23000160354	- ÷	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC" or the abl	previation "L.f.C."
Enter new principal offices address, if applicable:		
<u>(Principal office uddress MUST BE A STREET ADDRI</u>	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on our records unter-	the name of the now
registered agent and/or the new registered office addre	ess here:	· ·
		- 923
Name of New Registered Agent:		2023 AFIR
New Registered Office Address:		20
	Enter Florida street address	
	, Florida	-1- :-
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	9

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

To:

(((H23000148149 3)))

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 = M $AMRR = A$	lanager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
AMBR	RONALDO SERPELLONI	15805 BISCAYNE BLVD STE 201	D Add
		AVENTURA, FL 33160	□ Remove
			🛱 Change
AMBR	MICHELE SIQUEIRA SERPELLONI	15805 BISCAYNE BLVD STE 201	
		AVENTURA, FL 33160	□ Remove
	ANALYS ANTONY OFFI		■ Change
AMBR	AMANDA VITORIA SERPELLONI	15805 BISCAYNE BLVD STE 201	□ □ Add
		AVENTURA, FL 33160	☐ Remove
			■ Change
AMBR	MATHEUS SERPELLONI	15805 BISCAYNE BLVD STE 201	□ Add
		AVENTURA, FL 33160	Remove
			Change
			□ Remove
			Change
		<u> </u>	
			Remove
			□ Change

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record specif he 90th day	les a delayed effe after the record is	ctive date, but s filed.	not an effectiv	e time, at 12:01	a.m. on the earlier
APRIL, 12		. 2023			
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