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COVER LETTER

TO: Registration Division of C				
SUBJECT:	RM) Connec	+ LLC		_
		. , ,		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
	pondence concerning this matter	-		
	Roman	Mormacon Name of Person		
		Firm Company		_
	9545 Wa	Ynes boro Ave	2.	7023
	<u> Jacksonvill</u>	City/State and Zip Code	32208	福台
	official. m	City state and Zip Code Cot Man 17 @ 9 iv to be used for future annual rep	iail. Cong	7023 OCT 16 FE 11: 55
For further information	concerning this matter, please co		ort notification)	T S
Roman M			7.50-450	•
	of Person	at (O(OH) Area Code	Daytime Telephone Numb	er
Inclosed is a check for	the following amount:			
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	Filing Fee, cate of Status & cd Copy al copy is enclosed)
Mailing Addre Registration		<u>Street Addr</u> Registratio		
Division of (Corporations	Division o	f Corporations	
P.O. Box 63. Tallahassee,			e of Tallahassee Ionroe Street, Suite	810
			OF COPPER DRIED	U I U

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- RMJ Con	nect LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>Z300421446</u>	y were filed on 9-11	7023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		73 0 FAL
Enter new mailing address, if applicable:		5
Mailing address MAY BE A POST OFFICE BOX)		Se
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, g	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street i	address
		_, Florida
	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 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
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Effective date, if other (If an effective date is listed, if Note: If the date inserted	he date must be specific	and cannot be pri	or to date of filing or icable statutory fi	more than 90 days aff ling requirements, t	ter filing.) Pursu his date will n	ot be listed a
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