## L23000427343

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## **COVER LETTER**

Division of Cor			
RMSM Sei	rvices, LLC		
JOBSECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Suzanne Molden		
		Name of Person	
	RMSM Services, LLC		
		Firm/Company	
	3015 Finsterwald Drive		
	_	Address	
	Titusville, FL 32780		
		City/State and Zip Code	
	RMSMserviceslle@gmail.c	om to be used for future annual report notif	ication)
For further information c	concerning this matter, please c	•	, controlly
Suzanne Molden		321 720-0842 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corr	

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RMSM Services, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000427343</u> .	were filed on September 13, 2023	and ass	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	ibbreviation "L.	.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		20	
		2003 KDV	
		¥	
nter new mailing address, if applicable:		g	**
•			: ; ;
Mailing address MAY BE A POST OFFICE BOX)		<u>್</u> ಬ	****
		<del></del>	<del></del>
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3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the nar	ne of the nev	v regisi
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street 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
AMBR	Ronald M Molden	3015 Finsterwald Drive	<b>■</b> Add
		Titusville, FL 32780	□Remove
			□Change
<del></del> -			
			□Remove
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Filing Fee: \$25.00