## L24 000000617

(Req	uestor's Name)
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(Add	ress)
(City)	/State/Zip/Phone #)
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## **COVER LETTER**

	egistration Sectivision of Corpo					
SUBJECT	RIMAT Prod	ucts LLC				
NUBJECT		Name of Lim	ited Liability Company			
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retur	rn all correspon	dence concerning this matter	to the following:			
		Rina Rojas				
		<del></del>	Name of Person			
		RIMAT Products				
			Firm/Company			
		10235 53RD Ave N				
			Address	<del></del>		
		Saint Petersburg, Florida 3	3708			
			City/State and Zip Code		20 3	
		rinarojasr25@gmail.com			2024 FEB	
		E-mail address: (	to be used for future annual report notific	ation)		ال الا العمودين دا شمره
For further	information co	ncerning this matter, please c	all:		-2	ž.
Rina Rojas	;		727 4007941 at ()		沿沿	
	Name of	Person	Area Code Daytime	Celephone Number	PH 2: 56	
Enclosed is	s a check for the	following amount:				
□ \$25.00 Filing Fee □ \$30.00 Filing F Certificate of		☐ \$30.00 Filing Fee & Certificate of Status	s Certified Copy Certificate (additional copy is enclosed) Certified (		of Status &	
<u>M</u>	ailing Address	i j	Street Address:			

Registration Section
Division of Corporations
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

RIMAT Products LLC	·	
(Name of the Limited Liability C (A Florida Lir	Ompany as it now appears on our records.) nited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document number <u>L24000000617</u>	pany were filed on December 22, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	33)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the na	TE THE REGISTER OF THE PROPERTY OF THE PROPERT
agent and/or the new registered office address here:		8-2 F
Name of New Registered Agent:	·	<u> </u>
New Registered Office Address:	Enter Florida street address	2: <b>56</b>
	, Florida	<b>,</b> . 1
<del></del>	Cin	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>	Name	Address	Type of Action
AMBR	RINA ROJAS	10235 53rd Ave N, St. Petersburg, FL 33708	<b>=</b> Add
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			□Change
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/e date, if other than the date of filing:	or to date of filing cable statutory	or more than 90 filing requiren	(optional) days after filing. nents, this date	) Pursuai	55 on to 605.
ord specifies a delayed effective date, but not an effective t filed.	time, at 12:01 a	a.m. on the ear	lier of: (b) The	e 90th c	lay after
ed January 29	7-	,			
, , , ,		1			
Signature of a member of auth	holized represent	lative of a memb	kr		

Filing Fee: \$25.00