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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

50 10 10 10 10 10 10 10 10 10 10 10 10 10	rvices, LLC
Name of Lir	nited Liability Company
The enclosed Articles of Amendment and fee(s) are su	
Please return all correspondence concerning this matter	r to the following:
Catherin	ne Commings Name of Person
RPM AU	to Services, Lic
7955 E	Highway 318
Citra, F	City/State and Zip Code
2	to be used for future annual report notification)
For further information concerning this matter, please	call:
Catherine Cummings	S at (954) 475 - 5585 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
SOS 25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status}	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RPM Auto Service	es LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it how appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on $3/1$	4 1 2 H and assigned
Florida document number <u>L24000127654</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24 H
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
	/	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Enter new mailing address, if applicable:		2 0
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
	~	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t 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>	Name	Address	Type of Action
MGR	Catherine Cummings	7955 E Highway 318 Citra, Fl 32113	Б∕⁄o\dd
		Citra, Fl 32113	Remove
			□Change
			DAdd
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`an eff {ote:	ive date, if other than the date of filing: (optional) (ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor Lis fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
ated	May 2nd . 2024
	('\ 1 \ \ \)
	(USC/C
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00