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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| | Registration Se Division of Cor | | | | |
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| CUD IEC | | ICES OF FLOIRDA LLC | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | |
| The enclo | osed Articles of | Amendment and fec(s) are sub | mitted for filing. | | |
| Please ret | turn all correspo | ndence concerning this matter | to the following: | | |
| | | LUIS A RAMIREZ | | | |
| | | | Name of Person | · · · · · · · · · · · · · · · · · · · | |
| | | LAR SERVICES OF FLO | IRDA LI.C | | |
| | | | Firm/Company | | |
| | | 325 PARKWAY CR | | | |
| | | - | Address | · · | |
| | | GREENACRES FL 33412 | GREENACRES FL 33412 | | |
| | | City/State and Zip Code | | | |
| | | LRSERVICESFL@GMAII | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | |
| For furthe | er information c | oncerning this matter, please c | all: | | |
| LUIS A | RAMIREZ | | 561 635-6690 at () | | |
| | Name o | f Person | | · Telephone Number | |
| Enclosed | is a check for th | ne following amount: | | | |
| € \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 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 | ction | |
| Division of Corporations | | Division of Cor | porations | | |
| | P.O. Box 632 | | The Centre of T | | |
| | Tallahassee, l | FL 32314 | 2415 N. Monroe | e Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability Company as it</u> (A Florida Limited Liability | now appears on our records.) Company) |
|--|--|
| he Articles of Organization for this Limited Liability Company were f | filed on 04/01/2024 and assigned |
| lorida document number L24000155503 | |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability co | ompany here: |
| RM SERVICES OF FLOIRDA LLC | |
| he new name must be distinguishable and contain the words "Limited Liability Com | npany," the designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 20. |
| Principal office address MUST BE A STREET ADDRESS) | 2024 AUG |
| <u></u> | |
| | - |
| nter new mailing address, if applicable: | P T |
| Mailing address MAY BE A POST OFFICE BOX) | 12: |
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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.

City

Zip Code

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 |
|--------------|------|---------|----------------|
| | | | □Add |
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| | ILE WITH THE CORRECT NAME OF LRM SERVICES OF FLORIDA LLC . | |
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| ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block occurrent's effective date on the Department. | be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 ck does not meet the applicable statutory filing requirements, this date will not be list | 5.0207 ted as |
| | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | er the |
| | | |
| is filed. | 2024 | |
| ated 07/30 | 2024 Thuy ignature of a member or authorized representative of a member | |

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Filing Fee: \$25.00