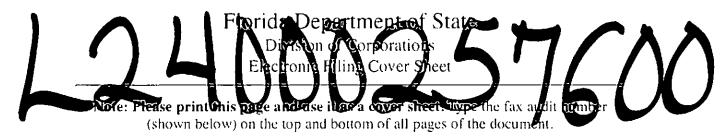
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M. SOLOMON

JUN 27 2024

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COVER LETTER

(((H24000221139 3)))

TO: Registration S Division of Co		t,	•		
	JD RPM	M HOLDINGS LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company		ري د	国と
	17350 STATE HWY 249			4 JUN	法
		Address	<u> </u>	27	7. P.
	HOUSTON TEXAS 7706	64		73	
	EFILE1234@INCFILE.CO	City/State and Zip Code		24 JUN 27 PH 1: 26	71 <u>5</u> 75
	F-mail address: (to be used for future annual report notifica	ion1		Ş
For further information of	concerning this matter, please co	elf:			
LOVETTE DOBSON		8884623453			
Name (of Person	Area Code Daytime To	elephone Number		
Enclosed is a check for t	he following amount:				
■ \$25,00 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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Sallahassee, FL 32	rations ahassee treet, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000221139 3)))

JD RPN	M HOLDINGS LL	C	
(Name of the Limited Liability (A Florida	y Company as it now ap Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Co	ompany were filed on	06/05/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability compan	<u>y here</u> :	
The new name must be distinguishable and contain the words "Limi	ted Liability Company."	the designation "LLC" or the	abbreviation >9 L.C. 40
•			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		2 32 E
Enter new mailing address, if applicable:			<u>~</u> △≥
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on ou	ir records, <u>enter the na</u>	me of the new registered
New Registered Office Address:	Enter	Florida street address	
		, Florida _	
	Ciţ		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance gent as provided for	e of my duties, and I an in Chapter 605, F.S. O	r familiar with and r, if this document is
	If Changing Registered	d Agent, <u>Signature of New</u> F	tegistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H24000221139 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose Altagracia Diaz	507 E 161st St	■Add
		Apt 6b	□Remove
		Bronx, NY 10451	□Change
			□Remove
			SECRE 12 715 OR 6 12 24 Bange 57 12 12 24 Bange 57 12 12 12 12 12 12 12 12 12 12 12 12 12
			2 (ARY OF)
			□ Runove SS 25 25 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□Remove
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			□Remove
			☐Change

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		JUN 27
		: 26
	data of Clima	(ontinual)
rfective date is listed, the date mu	st be specific and cannot be prior to date of filing or mo	
	lock does not meet the applicable statutory filing lepartment of State's records.	g requirements, this date will not be used a
ord specifies a delayed effecti filed.	ve date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
d June 26th	. 2024	
	Jose Diaz Dul Signature of a member or authorized representative	

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