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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CONTROL & ABK CORP. COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN R3J GROUP TECHNOLOGY AND SERVICES, LEG

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T	- 10	g istration Sec vision of Corp			· ;	· 4
SI	BJECT:	R3J GROUP	TECHNOLOG	GY AND .	SERVICES LLC	
30	BJEC1;			Name of	SERVICES LLC Limited Liability Company	25
The	e enclosed	l Articles of A	mendment and	fee(s) are	submitted for filing.	
					atter to the following:	
			JULIA TED	esco		
			····		Name of Person	
			ACCOUNT	ВООККЕ	EPING CORP	
					Firm/Company	
			5301 CONR	OY ROAI	O ST 140	
				<u> </u>	Address	
			ORLANDO,	FL 32811		
					City/State and Zip Code	
			CONTROL@	ABKCOR	P.COM	
			Ë-	mail addre	ss: (to be used for future annual r	eport notification)
For	further in	formation con	cerning this ma	itter, pleas	se call:	
JUI	LIA TEDE	ESCO			407 898	-1757
-		Name of P	erson		at () Area Code	Daytime Telephone Number
Enc	losed is a	check for the	following amor	ınt:		
	\$25.00 F	iling Fee	S30.00 Filis Certificate		□ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certificate of Status &
						(additional copy is enclosed
		ing Address:			Street Ado	
	_	istration Sec ision of Cor				tion Section of Corporations
		Box 6327	P 0.4410113			tre of Tallahassee
	Tall	ahassee, FL	32314		2415 N.	Monroe Street, Suite 810 see, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Zip Code

R3J GROUP TECHNOLOGY AN			2019 DEC -9 🏳 2: 99
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	COTOS.) SECRETARY OF STATE TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited [iability Company	were filed on 03/22/2019	ALLAMASSELF LUMBAand assigned
Florida document number [L1900008020]	 .		
This amendment is submitted to amend the fol-	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and annual the			
The new name must be distinguishable and contain the			LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	2922 Sentence St	
(Principal office address MUST BE A STREE	ET ADDRESS)	Kissimmee, FL 34746	
Enter new mailing address, if applicable:		2922 Sentence St	
(Mailing address MAY BE A POST OFFICE	BOX)	Kissimmee, FL 34746	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office a ss here:	address on our records, <u>en</u> t	ter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	2922 Sentence S	St	
		Enter Florida street add	Iress
	Kissimmee		Florida 34746

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

If Changing Registered Agent, Signature of New Registered Agent

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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
P	JEAN FRANKLIN SIMSEN	2922 Sentence StKissimmee, FL 34746	□Add
			□Remove
			■Change
VP	JANAINA B SOLTOSKI SIMSEN	2922 Sentence StKissimmee, FL 34746	
			□Remove
			Change
			DAdd
			□ Remove
			DChange
			🗆 Add
			DRemove
			□Change
			🖸 Add
			(]Remove
			□Change
			□Add
			[]Remove
			DChange

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	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
Effect (an eff	ve date, if other than the date of filling: crive date is listed, the date mass be specific and cannot be prior to date of filing or more than 90 days after filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1.
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
locum	ent's effective date on the Department of State's records.
4 mc	
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	
	100 4 5.
	fair + Jum sar
	Signature of a member or authorized representative of a member