L200000 97781

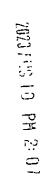
(Requestor	's Name)
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PICK-UP	WAIT MAIL
(Business	Entity Name)
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COVER LETTER

٠.		egistration Sect ivision of Corpo			e.
	SUBJECT	. RC H	idro Traxx 1	1 C	
	SUBJECT	: <u> </u>	Name of Limi	ted Liability Company	
	The enclos	sed Articles of A	nendment and fee(s) are sub-	nitted for filing.	
	Please retu	ırn all correspond	lence concerning this matter t	to the following:	
			Kelsy	Name of Person	
			RC Hydro	Firm/Company	
			_12310 Fores	st Lane Drive	7623:113 10
			Tampa, F	L. 33Lo24 City/State and Zip Code	PH 2: 0
			Kelsy.ime	legmail.com	•
			,	o be used for future annual report noti	fication)
	For further	r information cor	cerning this matter, please ca	all:	
	Kel	SV Time		ut (813) 240	4608
		Name of F	erson		e Telephone Number
	\		following amount:		
	\$ \$25.00	0 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)
		<u>Mailing Address:</u>	otion	<u>Street Address:</u> Registration Se	ction
		Registration Se Division of Co		Division of Cor	
	þ	O. Box 6327		The Centre of T	allahassee
	Т	Tallahassee, FI	. 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KC Hydro Irax	<u>CUC</u>
(<u>Name^t of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L200097781</u> .	pany were filed on 4162020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	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	S)
	• 2
Enter new mailing address, if applicable:	;)
(Mailing address MAY BE A POST OFFICE BOX)	
(Mulling duaress MAT BE A FOST OFFICE BOA)	
D. ICaman dimension of the state of the stat	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the name of the new registere
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street 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.

1. 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>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be lote: If the date inserted in this block does not meet the apocument's effective date on the Department of State's recomment.	eprior to date of filing or more than 90 days after filing.) Pursuant to 605.020 applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effecti l is filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated August Le . 202 Kusy U Signature of a member or	<u>20</u> .
Kelsy I	mul
Signature of a member of	authorized representative of a member

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