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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RK FL GROVE LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RK FL Grove LLC				
(Name of the Limited (A	Liability Company a Florida Limited Liab	as it now appears on our ility Company)	records.)	
The Articles of Organization for this Limited Liab	wility Company we	re filed on11/09.	/2021	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabilit	y company here:		
The new name must be distinguishable and contain the won	ds "Limited Liability	Company," the designation	in "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	<u>ADDRESS)</u> _		-	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- 0X) _			
B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office add <u>here</u> :	iress on our records	, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Registered A	Agents Inc.		
New Registered Office Address:	7901 4th St N	N STE 300 Enter Florida stree	et address	
	St. Petersbu	rg	Florida _	33702
		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 Changing Registered Agent, Signature of New Registered 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		- Allo	□Remove
			□Change
Mary and a second second		3-11	□Add
			Remove
		1) & 111 - 1	□Change
			□Add
			🗆 Remove
			□Change

f amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	
f an effectiv N <u>ote:</u> If th	date, if other than the date of filing:
e record sp d is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 28 . 2022
	R: Lung Park
	Signature of a member or authorized representative of a member
	Riley Park
	Typed or printed name of signee

Filing Fee: \$25,00