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## **COVER LETTER**

TO;		istration Sec sion of Cor <sub>l</sub>		•		
SUBJEC		RCS IV, LL				
SODAY.			Name of Lim	ited Liability Company		
The encl	losed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please ro	eturn	all correspo	ndence concerning this matter	to the following:		
			HOLLY HALE			
				Name of Person		
			RCS IV, LLC			
				Firm/Company		
	1547 PROSPERITY FARMS ROAD					
				Address		
			LAKE PARK, FL 33403			
			ACCOUNTING@NEXGEN	City/State and Zip Code NLOGIX.COM		
			E-mail address: (1	o be used for future annual	report notification	)
For furth	ner in	formation co	oncerning this matter, please ca	all:		
HOLLY	ПАІ	Æ			8.6272	
		Name of	Person	at () Area Code	Daytime Telepl	hone Number
Enclosed	d is a	check for the	e following amount:			
□ \$25.	.00 14	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		Certificate of Status & Certified Copy
	<u>Mail</u>	ing Address	<u>s</u>	Street A	ddress:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RCS IV, LLC		
(Name of the Limited Liability Comp; (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.21000523833}{1.000000000000000000000000000000000000$	/ were filed on 12/13/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	1054 UNIVERSITY BLVD UNIT 25	
(Principal office address MUST BE A STREET ADDRESS)	JUPITER, FL 33458	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nai</u>	ne of the new registers
Name of New Registered Agent:	<del>_</del>	ECRE
New Registered Office Address:	Enter Florida street address	ASSEE
	, Florida	D Zip Rele C
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 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
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effective date is listed, the date must be specific and cannot be prior to date of fi	filing or more than 90 days after filing.) Pursuan	t to 605.020
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cord specifies a delayed effective date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The 90th d	av after the
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Typed or printed name of signee