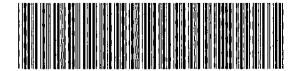
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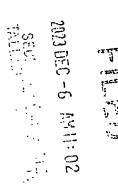
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations			
	change nan	ne of LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		T. L. Turnipseed			
			Name of Person	· · · · · · · · · · · · · · · · · · · 	
		Neil Jesani Advisors			
			Firm/Company		
		1300 Sawgrass Corporate	Pkwy #130		
			Address		
		Sunrise, FL 33323			
			City/State and Zip Code	•	
		robert_furnissroe@hotmail			
		E-mail address: (to be used for future annual report notific	ration)	
For further in	iformation c	oncerning this matter, please c	all:		
T. L. Turnipseed			954 800-0482		
	Name of	f Person	954 800-0482 at () Area Code Daytime 1	l'elephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling 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)	
	ling Addres		Street Address: Registration Secti	ion	
Registration Section Division of Corporations			Division of Corpo		
P.O. Box 6327			The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 RFT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on November 29, 2023 and assigned Florida document number _____L23000532165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2023 RFR, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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 Type of Action Title Name Address _____ 🗔 Add ____ □Remove _____ □Change ______ Remove _____ □Change ____ □Add _____ Change Change ______ Change

Page 2 of 3

				
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Sective date, if other than the dand in effective date is listed, the date must be determined in this block cument's effective date on the Deparation.	does not meet the appl	licable statutory filin	(optional) fore than 90 days after filing g requirements, this date) .) Pursuant to 605.02 e will not be listed :
record specifies a delayed e he 90th day after the record		not an effective t	ime, at 12:01 a.m.	on the earlier
15 1 4	2023			
ed December 4	, ,	·		
led	,	pased		
ted	T. L. Turny	saced thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00