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(Requestor's Name)
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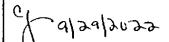
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COVER LETTER

TO: Registration S Division of Co			
	HWY 17-92, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Heidi S. Ferdinand		
		Name of Person	
	RFL MANAGEMENT, I	NC.	
		Firm/Company	
	755 GEM COMMERCE (COURT	
		Address	
	APOPKA, FL 32703		
		City/State and Zip Code	
	HEIDI@AUTOSOURCEC		
For further information of	e-mail andress: (to be used for future annual report no	tification)
HEIDI S. FERDINAND	•	407 629-1994	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Contract Con	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8915 S US HWY 17-92, LLC		2672 *** 00
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our record Liability Company)	2022, *** 29 /**11:20
The Articles of Organization for this Limited Liability Company	were filed on 5/26/2022	and assigned
Florida document number L22000245150		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	-
(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 a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	,
		orida
	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 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
MGR	RFL MANAGEMENT, INC.	755 GEM COMMERCE COURT	□Add
		APOPKA, FL 32703	\equiv Remove
			□Change
MGR	RFL INVESTMENT HOLDINGS, L	755 GEM COMMERCE COURT	
		APOPKA, FL 32703	□ Remove
			Change
			□Add
			□Remove
			□Change
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an effe	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
cume	nt's effective date on the Department of State's records.
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Jated _	une 22 , 2022 .
_	Signature of a member or authorized representative of a member
_	Signature of a member or authorized representative of a member HEIDI S. FERDINAND

Filing Fee: \$25.00