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	Division of Corporations	7	923'		
	Fax Number : (850)617-6383		•		
From	. PAV				
11011	Account Name : TRIPP SCOTT, P.A.				
	Account Number : 075350000065				
	Phone : (954)525-7500				
	Fax Number : (954)761-8475				
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Linbility Compa Florida Limited	iny as it now appears on Liability Company)	our records.)			
The Articles of Organization for this Limited Liabi Florida document number L00000011745	lity Company	were filed on SEPTE	MBER 27, 2000	an	d assigned	
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of th	e limited liab	oility company here:				
RZ TRP, LLC						
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the design	ation "LLC" or the	abbreviatio	ы "ГТС. <u>" </u>	
Enter new principal offices address, if applicable	e:	818 SPINNAKER D	R EAST		122	_
(Principal office address MUST BE A STREET ADDRESS)		HOLLYWOOD, FL	33019		3	2.
			<u> </u>		<u>ا ل</u>	
Enter new mailing address, if applicable:		818 SPINNAKER D	R EAST		P	9140je
(Mailing address MAY BE A POST OFFICE BOX)		HOLLYWOOD, FL	33019	+] + ; = +.	 ω	
B. If amending the registered agent and/or regi		nddress on our recor	ds, <u>enter the na</u>	me of the	o new regist	tered
Name of New Registered Agent:	TRIPP SCOTT		Mariann	a R	. Seilei	₄ Es
New Registered Office Address:	HO SE 6TH S	TREET, ISTH FLOOR				·
	FORT LAUDE	Enter Florida st IRDALE	reet address , Florida 🕹	3301		
•		Çiiv		Ziv t	'mele	-

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.

TChanging Registered Agent, Signature of New Registered Agent

ŀ

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>	Name	Address	Type of Action
MGR	RICHARD ZEGELBONE	RIR SPINNAKER DR EAST	= Add
		HOLLYWOOD, FL 33019	□Remove
			DChange
CEO	RICHARD ZEGELBONE		□∧dd
			■ Remove
			□ Change
COO	RICHARD OLIVA		□∧dd
			■Remove
			Change
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record specifies a delayed effectisfied.	ctive date, but not an effecti	ve time, at 12:01 a.m. on the	earlier of: (b) The 90th day at	fter the
ned MAY 2	2022			

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Filing Fee: \$25.00

Typed or printed name of signee