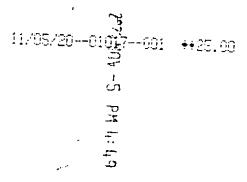
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(Ke	questor's Name)	
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COVER LETTER

TO: Registration S Division of Co			
	NG TRAILERS OF FLORIDA	, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jeffrey L. Sauey		
		Name of Person	
	Jeffrey L. Saucy, P.A.		
		Firm/Company	• 3
	1721 SE 16th Avenue		
		Address	رن ان
	Ocala, Florida 34471		
		City/State and Zip Code	<u> </u>
	jeffm@millersboating.com		<u> </u>
		to be used for future annual report not	fication)
ror turther information	concerning this matter, please c	1111 :	
Jeffrey L. Miller		352 622-7757 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	the 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 63. Tallahassee,		The Centre of	
rananassee,	1 は タムシ (サ	Z#TD IN. IVIOUEC	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROAD KING TRAILERS OF FLORIDA, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L03000021410		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
RKTF, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	J
Enter new principal offices address, if applicable:	419 NW 56th Street	797
(Principal office address MUST BE A STREET ADDRESS)	Ocala, Florida 34475	
		<u> </u>
		יר
Enter new mailing address, if applicable:	419 NW 56th Street	70 24
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, Florida 34475	.c
		5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, <u>enter t</u>	he name of the new register
New Registered Office Address.	Enter Florida street address	
· .	, Flo	rida
•	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is

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
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			□Remove
			□Change
			□Add
			☐ Remove
			! □ Add
			=====================================
			□Change
			□Add
			□Remove
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	te, if other than the da	te of filing:				(optiona	d)	
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Filing Fee: \$25.00