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C. LEWIS

MAY 1 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RCJA LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Keth D. Diamond Name of Person
Keth D. Diamond, P.A.
2645 Executive Pork Drive \$107
City/State and Zip Code Kadpa & bell south nct E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keith Diamond at (454) 618 - 1007 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\$ \text{Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 MAY 17 PM 20 56

RCJA (Name of the Limited)	LLC Liability Company as it	.SE TAL now appears on our records Company)	CRETARY OF STATE LAHASSEE FLORIDA S.)
(A)	Florida Limited Liability	Company)	
The Articles of Organization for this Limited Lia	ability Company were fi	led on 12 1 17 120	and assigned
Florida document number <u>L09001195</u>		, ,	-
This amendment is submitted to amend the follo	wing:		
	· ·		
A. If amending name, <u>enter the new name of</u>	the limited liability co	mpany here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B			
	<u> </u>		
B. If amending the registered agent and/o		dress on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered off	ice address here:		
N. CN. D. L. JA.			
Name of New Registered Agent:			
New Registered Office Address:	2645 Exec	Thre Park Dr Enter Florida stree	et address
	Westen	, Florid	la <u>3333\</u> Zip Code
	<i>01.</i> 7		-7

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = Ma	ager anaging Member				
<u>Title</u>	<u>Name</u>		Address		Type of Action
WOR	Russ Mad	110	201 N. Un Suite 103 A Plantation Fl		Add ★ Remove
MGR	Eshauddin	Khen	201 N. Union Suite 103A Plantation	versty Drive	Add Remove
					Add Remove
					Add Remove
			-		Add Remove
					Add Remove
D. If amendi	ng any other informa	ntion, enter chang	e(s) here: (Attach addi	tional sheets, if necesso	ury.)
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Dated Mac	1 12	. 201	•		TILEU ME SE ARETARY OF STATE ARETARY OF STATE
-	Ke H	\mathcal{D}	of authorized representate	Basked Auch	

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Filing Fee: \$25.00