12/16/21, 11:58 AM

Page: 2 of 5 2029 12-16 20021 CSI

Division of Operations

Florida Department of State

From, Kaity

Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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191 DEC 16 AM

To:

Division of Corporations

Fax Number

Email Address:\_\_

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

DEC 16 124 3: 13

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DEC 17 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

- Page: 3 of 5

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L13000110287	were filed on August 2, 2013	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:	
R.T. Evans Jr. Enterprises, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2199 Astor Street, Unit 302	<b>~</b> ∵-
(Principal office address MUST BE A STREET ADDRESS)	Orange Park, FL 32073	St Vis
		DEC ON
	2199 Astor Street, Unit 302	DF CC
Enter new mailing address, if applicable:	Orange Park, FL 32073	
(Mailing address MAY BE A POST OFFICE BOX)		——————————————————————————————————————
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	Plda	_
	, Florida Cuy	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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I overvided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Char	iging Registered Agent, Signature of Nev	Registered Agent

To: +18506176383

Page: 4 of 5

2021-12-16 12:00:21 CST

19542080845

From: Kaity

## 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 = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
		<del></del>	□Change
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Iffective date, if other than the date of filing:  (optional)  (op			
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