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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:				
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)			
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Office Use Only



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APPROVED AND FILED

T GLASS JUN 08 2019 COVER LETTER

TO:	Registration Se Division of Cor		7 8 ·		
etint	ror.	RRCR	INVESTMENTS	LLC	
SUBJ	ECT:	Name of Limited	Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are submit	ted for filing.		
Please	ereturn all correspo	ndence concerning this matter to t	the following:		
		Micha.	Barks, CPA		
		•	Name of reison		
			Firm/Company		
		- 400 Sout	Address  Address  Address  City/State and Zip Code  Avk O Aok. Compete used for future annual report notific	vay Suite 3/0	:
		Boca bo	City/Slate and Zip Code  AND COM  be used for future annual report notifi	2019 NAY 24 PM 12: 25	FLED
For fu	rther information c	oncerning this matter, please call:		<u> </u>	
	Michael B	ar kes f Person	at ( <u>571</u> ) <u>395 - 1</u> Area Code Daytime		
Enclo	sed is a check for th	ne following amount:			
<b>)</b> ₹ sz	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	tions	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION

Dana

NKCK INV	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on January 30, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	400 South Dixie Hishway Suite 310 Boca Ratus, FL 33432
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	400 Sovih Dixie Highway Suite 310 Bocc Roby, 152 334322 7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our records, enter-the name of the-new
Name of New Registered Agent: Michael	1 Barkes, CPA
New Registered Office Address: 400 Sou	# Dixxe Hishway Suite 310 Enter Florida street address
Boca Ra	
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 Changing Registored Agent, Signature of New Registered Agent

	g Authorized Person(s) authorized to ma from our records:	inage, enter the title, name, and address of eac	h person being added
MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Barkus, CPA Trustee OF TRUST NO 88081	1300a RODIN, FL 37432	Add □ Remove
<u>Mgr</u>	Robert W. Rout	2000 J. UCECN BLVD #4K Boca Rann, FL 33432	□ Change □ Add
			■Remove
			Change
			□ Add
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		••	D-Remove
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			Change

Page 2 of 3

D. If amending any other information, enter change(s) here	e: (Attach additional sheets, if necessary.)
	<u> </u> 
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	2019 IIAY
	ARC TENERS
	PH 12:
	25
(If an effective date is listed, the date must be specific and cannot be prior	(optional)  To date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)( hable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but no b) The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of:
Dated May 17, 2019	
Will for the state of the state	pad CIA  orized representative of a member
,	el Barks, CPA
Typed or print	ed name of signce

Page 3 of 3

Filing Fee: \$25.00