LIS 000 153 152

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |





400451565734

05/30/25--01024--099 **55.09

| To whom it may corresp |
|--|
| Phase see the included paperwork to awarent, mony Damon Lic to RHPT LLC. |
| Trank you, |
| Molly Damon 407-701-7005 |
| LODIT Lexington Park Orlando F2 32819 |
| |
| |
| |
| |

COVER LETTER

TO: Registration Section
Division of Corporations

| SUDJECT. | Molly Damron LLC | ; | |
|---|--|---|--|
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| | Molly Damron | | |
| | | Name of Person | ···· ······ |
| | Molly Damron LLC | | |
| | | Firm/Company | |
| | 6017 Lexington Park | | |
| | \-1000000000000000000000000000000000000 | Address | |
| | Orlando, Fl 32819 | | |
| | | City/State and Zip Code | |
| | damronmolly@gmail.com | | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information | concerning this matter, please c | all: | |
| Molly Damron | | 407 701-7005 at () | |
| Name | of Person | Area Code Daytir | me Telephone Number |
| Enclosed is a check for | 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) |
| Mailing Addre Registration Division of P.O. Box 63 Tallahassee. | Section Corporations 27 | Street Address: Registration Sc Division of Co The Centre of | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Molly Damron Li. | | | <u></u> |
|--|------------------------------------|---|---------------------------------------|
| (Name of the Limited L (A F | iability Compa Torida Limited I | ny as it now appears on our Liability Company) | r records.) |
| The Articles of Organization for this Limited Liabil | lity Company | were filed on 1-11-2021 | and assigned |
| lorida document number 1.15000153152 | · | | |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liab | ility company here: | |
| RHPT_LLC | | | |
| he new name must be distinguishable and contain the words | "Limited Liabi | lity Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | 6017 Lexington Park | , |
| Principal office address MUST BE A STREET A | DDRESS) | Orlando, FL 32819 | |
| | | | · |
| Enter new mailing address, if applicables | | 6017 Lexington Park | ^ |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Orlando, Fl 32819 | , |
| - | | | |
| 3. If amending the registered agent and/or registered and/or the new registered office address h | <u>ere</u> : | address on our records Molly Damron | enter the name of the new regist |
| Name of New Registered Agent: | anic as teroic | MONY PARITON | |
| New Registered Office Address: | 6017 Lexingtor | n Park Enter Florida stree | at addresse |
| , | Ambonodos | r.mer r tortaa stree | |
| (- | Orlando | City | , Florida 32819 Zip Code |

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 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 |
|--------------|-------------|---------|----------------|
| | | | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | <u></u> | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| Onl | |
|--------------------------------|--|
| On | ly the name of the LLC and the address is changing: Molly Damron LLC to RHPT LLC. |
| Nev | w address is 6017 Lexington Park Orlando, FL 32819 |
| | |
| | |
| | |
| | |
| | |
| | |
| | , , , , , , , , , , , , , , , , , , , |
| | |
| | |
| | |
| | |
| | |
| | |
| <u>Note:</u> If t | date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the state of the date on the Department of State's records. |
| | |
| f the record specord is filed. | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |

AKTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

| Molly Damron I | | | |
|--|---|--|---|
| (Name of the Limited | d Liability Compa A Florida Limited I | ny as it now appears on c liability Company) | our records.) |
| The Articles of Organization for this Limited Lia Florida document number L15000153152 | bility Company | were filed on 1-11-20 | and assigned |
| This amendment is submitted to amend the follow | wing: | | |
| A. If amending name, <u>enter the new name of t</u> | the limited liab | ility company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liabil | hity Company," the designation | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address if applica | hle | 6017 Lexington Park | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Orlando, FL 32819 | |
| | | 6017 Lexington Park | |
| Enter new mailing address, if applicable: | | Orlando, Fl 32819 | |
| (Mailing address MAY BE A POST OFFICE B | <u>BOX)</u> | On Miles | |
| B. If amending the registered agent and/or reagent and/or the new registered office address | s here: | address on our recor Molly Damron | ds, enter the name of the new registered |
| Name of New Registered Agent: | Same as before | (viony Damios | |
| New Registered Office Address: | 6017 Lexington | | |
| | | Enter Florida s | treet address |
| | Orlando | | , Florida 32819 |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing Real Interests accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of the company has been notified in writing of the company has been notified in writing the company has been notified | d agent and agr er and complete stered agent as egistered office | ree to act in this capo performance of my provided for in Chap | duties, and I am familiar with and oter 605, F.S. Or, if this document is |

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 |
|---------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| - | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | |
| | | | |
| | | | |
| | | | □Remove |
| | | | □ Change |

| - | Only the name of the LLC and the address is changing: Molly Damron LLC to RHPT LLC. |
|--------|---|
| -! | New address is 6017 Lexington Park Orlando, FL 32819 |
| - | |
| - | |
| - | |
| _ | |
| - | |
| _ | |
| _ | |
| _ | |
| | |
| - | |
| | |
| - | |
| - | |
| - | |
| ote: | ive date, if other than the date of filing: |
| recore | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| ated | May 27 2025 |
| | |
| | Signature of a member or authorized representative of a member |

ET D MOSA