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16 JUN 16 PM 4: 15

SECRETARY OF STATE
ANALYSISE FLORIDA



## COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: RATT Holdings LC  Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Roger TEchenor Name of Person
RRJT Holdings LLC ZS &
Stood Marguera Cil Stading
City/State and Zip Code
E-mail address: (to be used to future annual report notification)
For further information concerning this matter, please call:
Tori L. Goer Assistant at (941) 914-7059  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)  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

RRJT Holdings	LLC	
(Name of the Limited Liability Costos (A Florida Limited	i <mark>ny as it now appears on our re</mark> Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>LIGOOO3</u> 3	were filed on 217	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	NA
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SEC 36
(Principal office address MUST BE A STREET ADDRESS)		
		ASSECTED TO THE PROPERTY OF TH
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 5 5 S
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	_	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
	City	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 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
MGL (Manager)	Roger A. Tichenox	Saraxota, Fr. 34238	<b>\$</b> Add
MGL Manager	Randall Oser	47 Lel Center Gate B Scrawte, FZ 34233	Remove  Change  Add  Remove
MBR Momber of Not Authori	nby Sared Kaban  red Nember)	34 Monchester Or. West-Reld, NJ 07090	□ Add□ Remove□ Change
MBR Member Not A	Terry Roberts	4111 Gerwe Ral Sarewoter, Fr. 34235	
			Change  Change  Change  Change  Remove
			Change

1. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	ssary.)	
LC is Warager - Managed		
Roser A. Tichenor Of Randa	11 Oser	
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	DATE 5	
. Effective date, if other than the date of filing:		
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	filing.) Pursuant to 605.0	
document's effective date on the Department of State's records.	date will not be listed	a do the
the record specifies a delayed effective date, but not an effective time, at 12:01 at 2:01. The 90th day after the record is filed.	.m. on the earlier	r of:
Dated 4 3 1 6		
Signature of a member or authorized representative of a member	***************************************	
$\mathcal{L}$		
Typedor printed name of signee		

Page 3 of 3

Filing Fee: \$25.00