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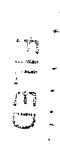


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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	RLK Gr	oup LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Reb	ekah Kincai	4
	RLX	-6roup LLC Firm/Company	
	834	8 Little Rd Address	Ste 190
	Newl	Address Port Richey City/State and Zip Code	FL 34654
	E-mail address: (City/State and Zip Code Caid. Te bekah (*) to be used for future annual report not	yahou.com
For further information co	oncerning this matter, please c		
Rebekah Name of	. Kincaid Person	at (574) 250 Area Code Daytin). 2777 ne Telephone Number
Enclosed is a check for th	e 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 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

RLK Grou	p LLC
(Name of the Limited Liability Company as (A Florida Limited Liabil	
The Articles of Organization for this Limited Liability Company were Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	e filed on $\frac{5/3/2016}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	75 T6
	58 8 7
-	F 7
Enter new mailing address, if applicable:	mc <u>v</u> 17
Mailing address MAY BE A POST OFFICE BOX)	1100
-	10
3. If amending the registered agent and/or registered office egistered agent and/or the new registered office address here:	address on our records, enter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
ivew registered office Address.	Enter Florida street address
	. 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
MER	Jerome Houston	7757 Mitchell Ranch Rd New Port Richey FL	`_□ Add
		New Port Richey FL	Remove
		34655	Change
			□ Add
			_ □ Remove
			Change
			Add
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effective date is listed te: If the date insert ument's effective de record specifies	er than the date on the date on the Department and delayed effecter the record is	ific and cannot be s not meet the ap nt of State's reco	prior to date of fili oplicable statutor ords.	ng or more than 90 ry filing requiren	nents, this c	ling.) Pursua late will no	t be liste
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Filing Fee: \$25.00