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TALL AHASSELL FLORIDA

COVER LETTER

	Registration Sect Division of Corpo		•	
SUBJEC		LC, a Florida limited liability	company	
505020		Name of Lim	ited Liability Company	
The encle	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspond	dence concerning this matter	to the following:	
		Sandra M. Ferrera, Esq.		
			Name of Person	
		SMF Law		
			Firm/Company	
		201 Alhambra Circle, Suite	e 1200	
		** * * * * * * * * * * * * * * * * * *	Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		smf@smflawgroup.com		<u>.</u>
		E-mail address: (to be used for future annual report notific	cation)
For furth	er information cor	cerning this matter, please ca	all:	
Sandra N	M. Ferrera		786 465-5600 at ()	
	Name of F	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	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

RJ1 Group LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida 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
MGR	Rafael Godoy	2930 BISCAYNE BOULEVARD	= Add
		MIAMI, FL 33137	Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
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Filing Fee: \$25.00