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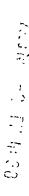
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Sc Division of Cor			
SUBJECT: RF.	J Finance LL Name of Lim	ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lamon F	Joy Contract Person	
	KFJ Fine	Firm Company	
	2062 W Bon	1 d1. Address	
	west pala Bo	City/State and Zip Code	
	RFSF, nance O. E-mail address: a	5 G gmell. (W) to be used for future annual report notice	lication)
For further information c	oncerning this matter, please ea	oll:	_
Rame F	Jorge	at (5/1) 856 Area Code Daytim	5607
Name o	f Person	Atea Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Cettified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Cardificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RF5 Finance LLC	Leu K	FG to 09
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now annears on or	r records.)
The Articles of Organization for this Limited Liability Company Florida document number 4/60002262/5	were filed on	2.6/6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	ion "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 a agent and/or the new registered office address here:	ddress on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	City	, Florida Zip Code
	* · · · ·	22() 2.7245

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

Title	<u>Name</u>	Address 4Ji1. P., 4: 39	Type of Action
AMBR	Josephine Jorga	2062 w Bond d1.	XAdd
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			ElRemove
			Change
			
			EJRemove
			□ Change
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n effective date is list ote: If the date inse	her than the date o ed, the date must be spec crted in this block doe date on the Departme	ific and cannot be s not meet the τ	e prior to date of applicable stati	filing or more tha		ling.) Pursuant to 6	
ecord specifies a de is filed.	elayed effective date, t	out not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day af	ler the
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