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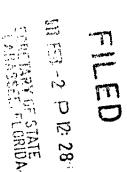
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**S Warren** FEB 0 3 2017

### **COVER LETTER**

TO:	egistration Section ivision of Corporations	
SUBJE		
	Name of Limited Liability Company	
The enc	ed Articles of Amendment and fee(s) are submitted for filing.	
Please r	rn all correspondence concerning this matter to the following:	
	John J. Obando Name of Person	
	RJ HOLLING Investment # 3 LLC Firm/Company	
	875 Each 49th St	
	Hialeah, FL 33013  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For furt	information concerning this matter, please call:	
J	Name of Person at (786) 290-0541  Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclose	s a check for the following amount:	
<b>■</b> \$25.	Filing Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$60.00 \text{ Filing Fee, 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

RJ Holding	Investment # 3 LLC	
( <u>Name of the Limited Lia</u> (A Flo	ubility Company as it now appears on our records.)  orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>LI7</u> 0000 17	y Company were filed on <u>01/24/1</u> -455	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. At
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	, Flor	
Now Desigtand Agent's Signature if changing Desigt	City	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duties, and d agent as provided for in Chapter 605, F. tered office address, I hereby confirm that se	I am familiar with and S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

\*14.4

If arrending 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

ţ

Title	<u>Name</u>	Address	Type of Action
M6R	DATA TOOLS S.A. SUCURSAL CALLAD	AV. ELMER FAUCETT NRD	<b>t</b> Add
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Filing Fee: \$25.00