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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RH2401 CCEAP, LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TINA MARIA White Name of Person	
Bailiant Minds Stantegies, INC.	
868 West First Street Address	2811
RIVIERA BEACH FL 33404 City/State and Zip Code	JUL 25
E-mail address: (to be used for future annual report notification)	Pg 4: 42
For further information concerning this matter, please call:	∵ ∵ 2
TINA MARIA White at (5th), 766-2543 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee SCertified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &

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

KA 910 Clear, L	- L
(<u>Name of the Limited Liabilit√ Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on 49311 5 3017 and assigned
Florida document number <u>L1700081077</u>	/
This amendment is submitted to amend the following:	
· ·	
A. If amending name, enter the new name of the limited liabil	ity company here:
NIA 1 The S	Ame)
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A (The Same)
(Principal office address MUST BE A STREET ADDRESS)	
Enter now mailing address if applicables	\$550 25
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	0.5 2
	ice address on our records, enter the name of the new
registered agent and/or the new registered office address here	:
/ Oa: 11:	1.11.1.01.1.
Name of New Registered Agent: V BANTA	rt Minds Strategies LNC.
New Registered Office Address: SCR U	Jest Figst Street
\cap	Enter Florida street address
Kivier	A Beach Florida 33404

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

MGR = Manager AMBR = Authorized Member <u>Title</u> Name 1 Address Type of Action INAMARIA White 818 West-First Street RIVIERA BEACH FL 3344 868 Westfirst Street DATE Bailliant Minds Strakgies, Frc □ Change INAMARIA White 808 West Fast Street AND RIVIEZABERCH, FL 33/14 | Remove □**≦**pange □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ 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:

	N	f <u>-</u>	e: (Attach additiona		
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Sote: If the date insert		ne and cannot be prior in a not meet the application.	to date of fling or more able statutory filing re		nal) iling.) Pursuant to 605.0207 date will not be listed as
e record specifies The 90th day af	s a delayed effect ter the record is f	ive date, but no filed.	t an effective tim	e, at 12:01 a.	m. on the earlier of
ated July	Mari		<u> </u>		
Iwa	M aur Signatur	e of a member or author	orized representative of	a member	
Tin	a Maria	al.h.te.	,		

Page 3 of 3

Filing Fee: \$25.00