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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTADORUSA INC. Account Number : I20200000118 : (305)260-6968 Fax Number : (786)513-7810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RKR PRIME ENTERPRISES LLC

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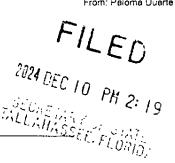
Corporate Filing Menu

Help

RKR PRIME ENTERPRISES LLC

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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 8/9/2017 ____ and assigned Florida document number L17000170300 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 Company," the designation "LLC" or the abbreviation "LLC." 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:

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

Enter Florida street address

_, Florida __

To: •

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
AMBR	SERGIO LUIZ BRUNO FILHO	2671 EDGEWATER DR, WESTON FL 3333 2	□ ₩ Add
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Note: If the da	to inserted in this bloo	ck does not meet the applicable statu		
document's erre	ective date on the Dep	partment of State's records.		
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) The 90th d	ay after the reco	ord is filed.		
Dated DECEM	IBER 03	, 2024		
Dated DECEM	IBER 03	, 2024		
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Dated DECEM	(	Signature of a membel or authorized repre	esentative of a member	
Dated DECEN	(	Ly		

To