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(Re	questor's Name)	, <u>.</u>
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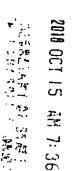
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M. MILLIGAN OCT 2 0 2018

COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	RKG4, LLC				
.,005.01.	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Dawn Tottel Name of Person RKG4, LLC Firm/Company 1623 SW 1st Ave. Address Ocala, FL 34471 City/State and Zip Code dtottel@aol.com E-mail address: (to be used for future annual report notification) her information concerning this matter, please call: Tottel Name of Person Daytime Telephone Number				
	Name of Limited Liability Company Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Inclosed Articles of Amendment and fee(s) are submitted for filing. Dawn Tottel Name of Person RKG4, LLC Firm/Company 1623 SW 1st Ave. Address Ocala, FL 34471 City/State and Zip Code dtottel@aol.com E-mail address: (to be used for future annual report notification) Inther information concerning this matter, please call: 1 Tottel 352 732-9844 at ()				
The enclosed	d Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	dence concerning this matter t	to the following:		
		Dawn Tottel			
			Name of Person		<u> </u>
		RKG4, LLC			
			Firm/Company	······································	<u> </u>
		1623 SW 1st Ave.			
			Address		
		Ocala, FL 34471			
		dtottel@aol.com	City/State and Zip Code		
		E-mail address: (to	o be used for future annual r	report notification	n)
For further in	nformation cor	ncerning this matter, please ca	11:		
Dawn Tottel	i			-9844	
	Name of F	Person	Area Code	Daytime Telep	phone Number
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee		Certified Copy		Certificate of Status & Certified Copy

TO:

Registration Section

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 **OF**

ARTICLES OF ORGANIZATION

(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 $\frac{2/5/2018}{}$ Florida document number _____L18000032081 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 "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 _, Florida _

New Registered Agent's Signature, if changing Registered Agent:

RKG4, LLC

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.

Cirv

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

<u>Name</u>	<u>Address</u>	Type of Action
Geetha Kuchakulla	1623 SW 1st Ave.	
		_ ■ Add
	Ocala, FL 34471	
		□ Remove
		Change
Renuka Kuchakulla	1623 SW 1st Ave.	
	Ocala, FL 34471	
		☐ Remove
		
		☐ Remove
		☐ Change
		□ Add
		□ Remove
		A Kelliove
		Change
		□ Add
		L Add
		□ Remove
		d remove
		O Change
	PLAT JETHUR. EL.	_ _ _ Add
	- 	LI Remove
		☐ Change
	Geetha Kuchakulla	Geetha Kuchakulla Ocala, FL 34471 Renuka Kuchakulla 1623 SW 1st Ave.

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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the December 1.	ock does not meet t	he applicable	nte of filing or more statutory filing r	(optio than 90 days after t equirements, this	nal) filing.) Pursuant to 6 date will not be l	505.0207 isted as
e record specifies a delayed The 90th day after the reco		but not ar	n effective tim	e, at 12:01 a	.m. on the ear	rlier of
October 3	20	18				
	Render	 E. [4].				
K.	Signature of a memb	er or authorizes	representative of	a member	74,	SEER 12
					7	- B

Page 3 of 3

Filing Fee: \$25.00