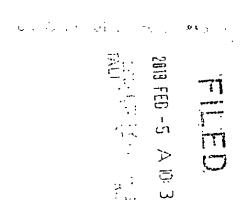
118000062164

| (Rec | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | fress) | |
| (City | //State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | <u> </u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



600324058096



COVER LETTER

| TO: | Registration Secti Division of Corpo | | | | |
|--------|---|---|---|--|---|
| SUBJ | ECT: | RPS Mence of Limi | agener LLC ted Liability Company | | |
| The er | nclosed Articles of Ar | mendment and fee(s) are subr | nitted for tiling. | | |
| Please | return all correspond | ence concerning this matter t | o the following: | 3 - (| <u> </u> |
| | | Rong) | S Pater Name of Person | · · | SALES ASSIGNATIONS |
| | | RPS M | anagement LLC | <u>. </u> | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| | | 15 Fern | Meadow Lane | | د ٔ |
| | | | d 13 each 1=1 3 City/State and Zip Code 6 G Mail Com 6 be used for future annual report notif | | |
| For fu | rther information con | t;-mail address. (t cerning this matter, please ca | · | eation) | |
| | Ronak Name of P | - Patel erson | at (3\$6) <u>240 -</u> Area Code Daytime | - 60 4 7 Telephone Number | |
| Enclos | sed is a check for the | following amount: | | | |
| □ S2 | 25.00 Filing Fee | ■ \$30,00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60,00 Filing Fed Certificate of St Certified Copy (additional copy is a | atus & |
| | | G ADDRESS: on Section | STREET/COURT Registration Sectio | | |

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tullahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RPS Man | 4 Genter LLC | |
|--|---|---|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability Co Florida document number <u>L 18 0 000 6216</u> 9 | · · | and assigned |
| This amendment is submitted to amend the following: **Moreover The new name of the limits** **This amendment is submitted to amend the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This amendment is submitted to a mean the following: **This a | ted liability company here: | 71. 218 T |
| . I miletani g milet <u>enter the new mattre of the mil</u> | teo namice company nere. | THE T |
| The new name must be distinguishable and contain the words "Limi | ted Liability Company," the designation | · · · · · |
| Enter new principal offices address, if applicable: | | D |
| (Principal office address MUST BE A STREET ADDR | <u> </u> | <u>=</u> = |
| | | <u> </u> |
| Enter new mailing address, if applicable: | · | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| If amending the registered agent and/or regist registered agent and/or the new registered office addr | ered office address on our re ess here: | cords, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street (| iddress ——————————————————————————————————— |
| | | _, Florida |
| | City | Zip Code |

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 Type of Action <u>Address</u> Title Name AMBR Prakash Pater 15 Pern Meadow Lane DAdd Ormand Beach, FL, 32174 Dremove ☐ Change _[] _□-Remov 2 _ 🗆 🔄 jange ☐ Remove □ Change □ Add _□ Remove _D Change ☐ Remove __ Change _□ Add ☐ Remove

☐ Change

| | 77 28 ar |
|---|---|
| | - FE |
| | |
| | |
| ************************************** | |
| | 7: |
| ************************************** | |
| | |
| | |
| | |
| rective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory figurement's effective date on the Department of State's records. | iling requirements, this date will not be listed: |
| record specifies a delayed effective date, but not an effectiv he 90th day after the record is filed. | e time, at 12:01 a.m. on the earlier |
| ded February 1st 2019. | |
| Signature of a member or authorized representat | tive of a member |

Page 3 of 3

Filing Fee: \$25.00