L18000 239 397

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



700340766727

03/20/20--010!1--02! **25.00

FILED

20 FEB 20 KM II: 44

Minary III Fig. 18



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

RK CHARTERS L.L.C. SUBJECT: _ 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: Name of Person MYCORPORATION BUSINESS SERVICES, INC. Firm/Company 26025 MUREAU ROAD SUITE 120 Address CALABASAS, CA 91302 City/State and Zip Code h-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PROCESSING DEPARTMENT 692-6772 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed). Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RK CHARTE	RS L.L.C.				
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company w Florida document numberL18000239397	vere filed on 10/17/2018	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here:				
RK Enterpises LLC					
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	· · · · · · · · · · · · · · · · · · ·	20			
		E E n			
		20			
Cuten new mailing address if and lookles		- T			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
		<u> </u>			
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ldress on our records, enter the na	mc of the new registere			
New Registered Office Address.	Enter Florida stree: address				
	, Florida				
	Ciţ	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duties, and I an	n familiar with and			

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

<u>Title</u>	Name	Address	Type of Action
<u></u>		<u> </u>	
			□Remove
			□Remove
			□Change
			□Add
			Remove OF THE PROPERTY OF THE
			DAdd T
			□Change
			□Add
			Remove
			□Change
			□ Add
			□Remove
			Change

									_
									
		_ <u></u> _							_
									_
· · · · · · · · · · · · · · · · · · ·									_
w									_
					 		<u> </u>	20	_
							<u>.</u> .	1.1.1 Lt_	
							· -	B 20	
				·		 ·	٠,	<u></u>	 .`T]
					_ 			<u> </u>	
							22	<u></u>	_
							,	-	
								 	-
	date must be speci in this block doe	ific and can is not meet	not be prior to the applical	date of filing (or more than 9 Iling require	o days after fi	iing.) Purs	mant to 6 not be l	505.0207 isted as
fan effective date is listed, the Note: If the date inserted i									
an effective date is listed, the Note: If the date inserted i locument's effective date of record specifies a delayed	l effective date.	but not an e	effective tim	e, at 12:01 a.	m, on the ca	rlier of: (b)	The 901	h day a	fter the
f an effective date is listed, the Note: If the date inserted i locument's effective date of record specifies a delayed d is filed.					m. on the ca	rlier of: (b)	The 900	h day a	iter the
Effective date, if other float an effective date is listed, the Note: If the date inserted is document's effective date of the record specifies a delayed of is filed.			2020				The 900	h day a	iter the

Filing Fee: \$25.00