## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		***************************************	
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	Division of Corporations Fax Number : (850)617-6383		
From:			-
ri val.	Account Name : ZIMMERMAN, KISEF	R, & SUTCLIFFE, P.A.	=; <u>=</u> .
	Account Number : I19990000006 Phone : (407)425-7010		7 1 <b>-</b>
	Fax Number : (407)425-2747		•
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## **COVER LETTER**

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TO: Registration Section **Division of Corporations** RL EQUITY INVESTMENTS, LLC 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: N. Dwayne Gray, Jr., Esq. Name of Person Zimmerman, Kiser & Sutcliffe Firm/Company 315 E. Robinson St., Suite 600

Address

City/State and Zip Code

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

Orlando, FL 32801

corporate@zkslawfirm.com

Jamie Brown, Corporate Paralegal	407	425-7010
Name of Person	at ( Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on ou d Liability Company)	<u>records.</u> )	
he Articles of Organization for this Limited Liability Compar lorida document number L18000256123	ny were filed on 11/02/201	18	_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	ability company here:		
OKYO TECH, LLC			
he new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:			~
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	022
			<b>A</b> P ,
		7-7-	-R 2
inter new mailing address, if applicable:			<del>- 国 - 国 - 三</del>
Mailing address MAY BE A POST OFFICE BON			<del></del>
			<del></del>
<ol> <li>If amending the registered agent and/or registered offic gent and/or the new registered office address here:</li> </ol>	e address on our record	s, <u>enter the name</u>	
Name of New Registered Agent:			
Name of New Registered Agent:			
Name of New Registered Agent:  New Registered Office Address:	Enter Florida str	eet address	
<del>-</del>	Enter Florida stra	eet addre.v , Florida	Zip Code

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

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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>	<u>Name</u>	Address	Type of Action
MGR	DENNIS HAWK	9263 SILVER LAKE DRIVE	<b>=</b> Add
		LEESBURG, FL 34788	□Remove
			Change
MGR	ANTHONY T. FRATIANNE	9263 SILVER LAKE DRIVE	□ Add
		LEESBURG, FL 34788	≣Remove
		<u></u>	
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, i	f necessary.)
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	<del></del> .
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da  Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) sys after filing.) Pursuant to 605.0207 (3)(b) hts, this date will not be listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie record is filed.	r of: (b) The 90th day after the
Dated	
Dated APRIL 20 , 2022	
Signature of a member or authorized representative of a member	
N. DWAYNE GRAY, JR.  Typed or printed name of signee	
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Filing Fee: \$25.00