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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|--|--|---|
| SUBJECT: RK | A VENTURAL Name of Limited Lin | Shops, LLC ability Company | |
| The enclosed Articles of An | nendment and fee(s) are submitted | I for filing. | |
| Please return all correspond | ence concerning this matter to the | following: | |
| | _ Aone-Ma | Ture Valla Name of Person | |
| | | Pirm/Company | |
| | 50 Cabot. | St Suite 20 | <u> </u> |
| | Needham, N | JA CQ494 | |
| | E-mail address: (to be u | RKCENTERS. | COY Lion) |
| For further information con- | cerning this matter, please call: | | |
| Anne-Mare of P | erson | at (<u>781)</u> 320 Area Code Daytime Te | CCC Elephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RK Aventura | |
|--|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | any as it now appears on our records.) Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>レータ ○○○しょえ48</u> | were filed on $3/2/200$ and assigned |
| This amendment is submitted to amend the following: | |
| 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) | |
| The new name must be distinguishable and contain the words "Limited Liab | ility 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: | ;. W |
| New Registered Office Address: | |
| | Enter Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent | City 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

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 | David Katz | 50 Cabol St, Suite 200 | tbAdd |
| | | 50 Cabol St, Suite 200 Needham. MA 02494 | □Remove |
| | | | □Change |
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| Effective date, if other than the date of filing: [In effective 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 or more than 90 days after filing.) Pursuant to Note: [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be locument's effective date on the Department of State's records. [In executed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day dies filed. | —————————————————————————————————————— |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day | |
| is filed. | after the |
| ated February 2(e, 2021. Ram Koth | |
| - Ran Kots | |
| Signature of a member or authorized representative of a member | |