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Y. SCOTT
|JUN 17 2023

COVER LETTER

TO:	Registration Se Division of Cor		\$ *	٠ .
cupi		thy Ventures, LLC		
20R1	ECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Thomas Rhodes		
		· 	Name of Person	
		Rhode Worthy Ventures, I	I.C	
			Firm/Company	
		579 Twin Lakes Drive		2023 (2.1)
			Address	
		Defuniak Springs, 32433		DC 79
			City/State and Zip Code	PM 2: 1
		rhodeslandserviceslle@gma	to be used for future annual report notification)	크를 그
For fi	irther information c	concerning this matter, please c	·	
	nas Rhodes	onesg till manert praese	850 527 9097	
	<u>-</u>	of Person	at ()	e Number
Enclo	osed is a check for t	he following amount:		
≡ s	25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre	Section	Street Address: Registration Section Division of Corporation	c
Division of Corporations P.O. Box 6327			The Centre of Tallahass	
	Tallahassee,	FL 32314	2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rhodes Worthy Ventures, LLC			
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)	
he Articles of Organization for this Limited Liability Company	were filed on March 14, 2019		and assigned
orida document number 1.19000072195			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company here:		
hodes Land Services, LLC			
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	LC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		_	202
THE CHAIN THE COUNTY HOST BE A STREET ADDRESS		-:	
		::::	1
		<u>:-</u> .	1
nter new mailing address, if applicable:		30	
<u> 1 ailing address MAY BE A POST OFFICE BOX</u>		Ties!	<u>∵</u> :=∂
		卫当	
If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, ente	er the nam	e of the new registe
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:			
	Enter Florida street addi	ress	
		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 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
			□Add
			Remove
			□Change
-			□Add
			□Remove
			2023
			☐ Change
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			☐Change
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ctive date, if other than the date of filing:effective date is listed, the date must be specific and cannot be prior to date of filing:	(optional) ing or more than 90 days after filing.)	Pursuant to 605.
e: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.		
arrient's effective date on the Department of State 3 feetings.		
cord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The	e 90th day after
s filed.		•
ed		
	entative of a member	