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COVER LETTER .

TO: Registration Secti Division of Corpo				
SUBJECT: RPD	Rose Cons	Sh Hang L ted Liability Company	LC	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	Emily T	Name of Person		
	Ked Rose	Firm/Company	76	
	3210 You	Address		2023 (
	Tallahas	See F1 3 City/Stat/and Zip Code	23/1	1023 A 518
	randy Dre	LICSECONSUL o be used for future annual re	Hng (0,2 PH 2:1.8
For further information con	cerning this matter, please ca	alt:	Ü	င်ာ
Randy FR	2 Cerson	at (250) Area Code	556 - Daytime Telepho	165Q ne Number
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encle)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Ado	dress:	

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

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

Red Rose	Consulty hited Liability Company as it	g LLC		
(.vame of the Lim	(A Florida Limited Liability	(ompany)	ras.)	
The Articles of Organization for this Limited Florida document number $4/90001$	Liability Company were f 45475	iled on $\frac{7/24}{}$	23 and ass	igned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability co	mpany here:		
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LL	.C" or the abbreviation "L.	L.C."
Enter new principal offices address, if appl	icable:		20 J	
(Principal office address MUST BE A STRE	ET ADDRESS)		-:	
				<u>.</u>
			다. - 기계 (연)	•
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office addres ess here:	s on our records, <u>ente</u>	er the name of the new	v registered
Name of New Registered Agent:	Emily	Tucker		•
New Registered Office Address:	3210 Yei	uts Auc Enter Florida street addr	ess ————	
	Tallahass		Florida <u>323/</u> Zip Code	<u></u>
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.

f 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

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Filing Fee: \$25.00