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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: RTJ Holding, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
The enclosed Afficies of Afficiation and ree(s) are subfittled for filling.
Please return all correspondence concerning this matter to the following:
RONALD R. Boyd
Name of Person
RTJ Holding, LLC
(Frm/Company
5668 Somersby Road
(Address
Wndermere, FL 34786 City/State and Zip Code
R+JNOJNGS309MWI-COM 1:-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
RONALD R. Bayd at 407, 407-456-3404
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \Bigcup \\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KTJ Holding	i, LLC	
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L 19000173</u>	-	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	7 S. F. F. S. F. S. F. S. F. S. F. S. F. F. S. F. F. S. F. F. S. F. F. F
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:		95 6
New Registered Office Address:		اللات حر
	Enter Florida st	reet address
		, 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action	
AMBR	RONALD R. Boyd	5668 Somersby Road	Add	
		Undermere, FL 34786	□ Remove	
	i		Change	
AMBR Tony Hutton	Tony Hutton	11324 Carabellee G	cleaning (FL)	
		Orlando FL, 32825	□ Remove	
			Change	
<u>AMBR</u>	Jaime Garcia	13840 Osprey links Roo	<u>Add</u> □ Add	
		Apt 205, Orlando FL, 328	37 □ Remove	
			Change	
			🗆 Add	
		Remove		
			Change	
			Remove	
			Change	
			C	

_□ Add

□ Remove

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Change

_	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
(If an effe <u>Note:</u> I	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	10/1/2019 Ronald R. Bayl Signature of a member or authorized representative of a member
	Ronald R. Bud Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00