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SECREDARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
eunic		estment, LIc		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RikRod Investment, Llc		
			Name of Person	
			Firm/Company	.
		901 Brickell Key Blvd. Ap	nt 1505	
			Address	_
		Miami, Fl. 33131		
			City/State and Zip Code	
		rikrodinvestment@gmail.co	m to be used for future annual report notifi	
For fur	ther information co	oncerning this matter, please ca	·	ication)
10114	mer missimation es	oncerning and matter, piease et	шт,	
ROZ I	nvestment		786 6618685 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ S2	5.00 Filing Fee	S30.00 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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RikRod Investment, Llc

2022 MAR 11 PM 3:53

(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) SECRETARY OF STAT INCIDENTALL KINASSEE, FL	
The Articles of Organization for this Limited Liability C Florida document number L19000218911		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ed liability company here:	
RikRod Lle		
The new name must be distinguishable and contain the words "Lim	ted Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	901 Brickell Key Blvd., Apt 1505, Miami, 33131, Fl	
(Principal office address MUST BE A STREET ADDI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	901 Brickell Key Blvd. Apt 1505, Miami, 33131, Fl	
agent and/or the new registered office address here:	office address on our records, enter the name of the new regis	
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street 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 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>	Name	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			Remove
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If an effective date is listended in the Mote: If the date inse	her than the date of filing:ed, the date must be specific and cannot lerted in this block does not meet the date on the Department of State's reference.	applicable statutory filing re	(optional) than 90 days after filing.) Pursuant equirements, this date will not b	to 605.0207 (be listed as tl
e record specifies a de rd is filed.	layed effective date, but not an effe	ective time, at 12:01 a.m. on	he earlier of: (b) The 90th day	y after the
3/4/2022 Dated		/ 		

Typed or printed name of signee