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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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CUVER LETTER

Registration Section Division of Corporations

FO:

SHRIECT. RALEY HI	RSCH & ASSOCIATES LLC			
30b0EC1.		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	HOWARD L HIRSCH			
		Name of Person		
	H L HIRSCH & COMPA	NY LLC		
		Firm/Company		
	1006 WEST 25TH STREI	ET .		
		Address		
		City/State and Zip Code		
	SANFORD, FL 32771			
	E-mail address: (to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please c	all:		
HOWARD L HIRSCH		at (407) 622-6350		
Name of	f Person		e Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632		The Centre of T	allahassee	
Tallahassee, F	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our red d Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L19000280120</u> .	ny were filed on 11-12-2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
R H & J LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)	<u></u>	20
		23 5
		G
Enter new mailing address, if applicable:		6
Mailing address MAY BE A POST OFFICE BOX)		
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		3 2 2 × 2
B. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, <u>e</u> Enter Florida street a	
		Pludd.
	City	_, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RALEY HIRSCH & JAVID LLC

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			Change
			□ Add
			□Remove
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an effective da <u>fote:</u> If the d	ate is listed, the da late inserted in t		and cannot be price of meet the appli	r to date of filing cable statutory i	or more than 90 day	(optional) is after tiling.) Pursuar is, this date will not	
record speci is filed.	fies a delayed ef	fective date, but	not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th d	ay after the
ated <u>FEBR</u> (JARY 3	1	2023	·			
	(
		/ Signature o	a member or aut	wnzed representa	tive of a member		

Filing Fee: \$25.00