L19000285154

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Office Use Only

COVER LETTER

TO:	Registration Sec Division of Corp			•
SUBJE	RRK Unlim			
SOBJE	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filling.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Robert R. Kennedy		
			Name of Person	
		RRK Unlimited LLC		
			Firm/Company	
		5753 Highway 85 North #:	3355	
			Address	
		Crestview FL 32536		
			City/State and Zip Code	
		bob@robertkennedyllc.com		
			to be used for future annual report not	ification)
for furth	ner information co	oncerning this matter, please ca	all:	
Robert 1	R Kennedy		727 497-7800	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed	d is a check for th	e following amount:		
\$2 5	.00 Filing Fee	☐ \$30.00 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	<u>s:</u>	Street Address:	

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 SEP 20 PM 3: 50
OF

ARTICLES OF ORGANIZATION SEP 20 PM 3: 50 **RRK Unlimited LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on November 19, 2019	and assigned
Florida document number L19000285154		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Transformational Retreats I.1.C		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert R Kennedy	5753 Highway 85 North #3355	□ Add
		Crestview, FL 32536	□ Remove
			= Change
			□Add
			□ Remove
			Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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ite: If the date inserted in this block	k does not meet the appl	licable statutory f	iling requirements,	this date will not be listed
cument's effective date on the Depa	artment of State's record	15.		
record specifies a delayed e	effective date but r	not an effectiv	e time lat 12:0	t a.m. on the earlier
The 90th day after the recor			e time, or iz.o.	common tire carrier
September 16	2023			
ited		·		
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Filing Fee: \$25.00