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Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer	
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Office Use Only

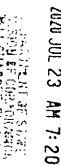


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S. YOUNG



#### **COVER LETTER**

TO:

	egistration Se vision of Cor			
CUD IDOT	RZ LIMITE	ED LLC	•	
SUBJECT	:	Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		RICARDO S. ZAPATA		
			Name of Person	<del></del>
		<del> </del>	Firm/Company	
		3721 BECONTREE PL		
			Address	
		OVIEDO, FL 32765		
			City/State and Zip Code	
		RICKYZAPATA61@GMA		· ·
For further	information co	E-mail address: ( oncerning this matter, please of	to be used for future annual report no all:	tification)
RICARDO	S. ZAPATA		954 6757223 at ( )	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	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)
	ailing Addres		Street Address:	oction
	egistration S ivision of C		Registration S Division of Co	
	O. Box 632	-	The Centre of	•
Т	allahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RZ LIMITED LLC			造造る	
(Name of the Limi	ited Liability Con (A Florida Limite	npany as it now appear ed Liability Company)	s on our records.)	
The Articles of Organization for this Limited L. Florida document number L. 19000294075	·	ny were filed on DE	CEMBER 10, 2019 Pand ssigned 2	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited li	ability company he	<u>re</u> :	
J&R Merchandise LLC				
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the de	esignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	3721 BECONTI	REE PL, OVIEDO, FL 32765	
(Principal office address MUST BE A STREE	ET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>: BOX)</u>	3721 BECONTI	REE PL, OVIEDO, FL 32765	
B. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:	•••			
		Enter Florida street address		
	NA		, Florida NA	
		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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ricardo S. Zapata	3721 BECONTREE PL, OVIEDO, FL 32765	□Add
			🗆 Remove
			Change
AMBR	Juan Acevedo	3721 BECONTREE PL, OVIEDO, FL 32765	
<del>in</del>			□Remove
			□Change
			□Add
			□Remove
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## Page 2 of 3

Effective date, if other than the date of filing:  July 14, 2020  (optional)					
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