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| PICK-UP                 | ☐ WAIT            | MAIL        |
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| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

TO:

|                          | Registration Se<br>Division of Cor |   |   |  |
|--------------------------|------------------------------------|---|---|--|
| ento tra                 | . ***                              | Properties, LLC                                     |   |  |
| SUBJEC                   | .1:                                |   | ited Liability Company  |  |
| The enclo                | osed Articles of                   | Amendment and fee(s) are sub                        | mitted for filing.  |  |
| Please ret               | turn all correspo                  | ondence concerning this matter                      | to the following:   |  |
|                          |                                    | Michael A. Scott, Esq.                              |   |  |
|                          |                                    |   | Name of Person  |  |
|                          |                                    | The Dorcey Law Firm, PL                             | C   |  |
|                          |                                    |   | Firm/Company  |  |
|                          |                                    | 10181-C Six Mile Cypress                            | s Pkwy  |  |
|                          |                                    |   | Address   | <del></del>  |
|                          |                                    | Fort Myers, FL 33966                                |   |  |
|                          |                                    |   | City/State and Zip Code   |  |
|                          |                                    | registeredagent@dorceylaw                           |   |  |
| For furthe               | er information c                   | n-man address: (<br>oncerning this matter, please c | to be used for future annual report not<br>all:                     | пісацон)   |
| Michael .                | A. Scott                           |   | 239 418-0169<br>at ()   |  |
|                          | Name o                             | f Person  | Area Code Daytin  | ne Telephone Number  |
| Enclosed                 | is a check for th                  | ne following amount:                                |   |  |
| <b>■</b> \$25.0          | 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 Addres Registration 5      |   | <u>Street Address:</u><br>Registration Se                           | ection   |
| Division of Corporations |                                    | Division of Cor                                     | Division of Corporations  |  |
|                          | P.O. Box 632<br>Fallahassee, l     |   | The Centre of T<br>2415 N. Monro                                    | Fallahassee<br>be Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RO & BJ Properties, LLC  |  | <del></del>                  |
|--|--|------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida L   | Company as it now appears on our records imited Liability Company) | <u>s.</u> )                  |
| The Articles of Organization for this Limited Liability Cor<br>Florida document number <u>L19000299967</u> | mpany were filed on 12/09/2019                                     | and assigned                 |
| This amendment is submitted to amend the following:  |  |                              |
| A. If amending name, enter the new name of the limite  | ed liability company here:   |                              |
| RO & BJ Florida, LLC   |  |                              |
| The new name must be distinguishable and contain the words "Limite   | d Liability Company," the designation "ELC"                        | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                              |
| Principal office address MUST BE A STREET ADDRE  | .SS)   | . 18                         |
|  |  |                              |
| Enter new mailing address, if applicable:  |  | 11.20                        |
| Mailing address MAY BE A POST OFFICE BOX)  |  | 3.0                          |
|  |  | ···· 0                       |
| 3. If amending the registered agent and/or registered or and/or the new registered office address here:    | office address on our records, <u>enter</u>                        | the name of the new regis    |
| Name of New Registered Agent:  |  |                              |
| New Registered Office Address:   |  |                              |
|  | Enter Florida street address                                       | ,                            |
|  | Flo  |                              |
|  | r io   | orida<br>Zip Code            |

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 |
|---------------|-------------|-------------|----------------|
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| D. If amend                         | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)                               |
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| (If an effecti<br><u>Note:</u> If t | date, if other than the date of filing:   |
| If the record specord is filed.     | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                               | May 15 . 2020.  Signature of a member or authorized representative of a member  |
|                                     | Rodney O. Ruppel  Typed or printed name of signee   |