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FLORIDA DEPARTMENT OF STATE . . * Division of Corporations . .

August 2, 2021

KURT ZIMMERMAN 2400 E. COMMERCIAL BOULEVARD SUITE 820 FORT LAUDERDALE, FL 33308

SUBJECT: RKJC LLC

Ref. Number: L20000025531

We have received your document for RKJC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 421A00018066

(b)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RKJC LLC | | | | |
|--|--|----------------------------|----------------------|-------------|
| (Name of the Limit | ed Liability Company as it now app (A Florida Limited Liability Company | ears on our records.) | | |
| The Articles of Organization for this Limited Li | ability Company were filed on _ | 01/21/2020 | and assi | gned |
| Florida document numberL20000025531 | | | | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | the limited liability company | <u>here</u> : | | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the | e designation "LLC" or the | abbreviation "L.I | C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE) | <u></u> | | | |
| | | | | |
| B. If amending the registered agent and/or ragent and/or the new registered office address | | records, enter the na | ame of the new | registered |
| | K1 10 70 711 A1 A1 71 71 A 1 1 1 | | | C) |
| Name of New Registered Agent: | KURT ZIMMERMAN | | <u> </u> | —— |
| New Registered Office Address: | | | | <u></u> |
| | Enter F | lorida street address | , <u>0</u> - | <i>[</i> - |
| | City | , Florida _ | Zip <u>G</u> ode | |
| New Registered Agent's Signature, if changing F | Registered Agent: | | 2 | |

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, <u>enter the title</u>, <u>name</u>, and <u>address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>e Name</u> <u>Address</u> | | Type of Action | |
|--------------|------------------------------|--|-------------------|--|
| MGR | CAROL STONE ONDOCSIN | 5913 KENSINGTON DRIVE | ∃ Add | |
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Filing Fee: \$25.00