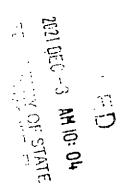
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COVER LETTER

Registration Section

Division of Corporations

TO:

INTREMA SUBJECT:	RK LLC	
	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	ANTONIO RAFAEL YAI	NES GIL
		Name of Person
	INTREMARK LLC	
		Firm/Company
	4000 N CYPRESS DR AF	T 103
		Address
	POMPANO BEACH/FL 3	3069
		City/State and Zip Code
	ANTONIOYANESGIL@C	
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please of	all:
ANTONIO RAFAEL Y.	ANES GIL	954 7781197 at ()
Name o	f Person	Area Code Daytime Telephone Number
Enclosed is a check for the	ne following amount:	
□ \$25.00 Filing Fee	S30.00 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 S Division of C P.O. Box 632	Section forporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Registration S Division of C	Section forporations 7	Registration Section Division of Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTREMARK LLC		
(<u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears on our records.) rida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability	Company were filed on 02/06/2020	and assigned
Florida document number 1.20000044688		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		262 ^5
3. If amending the registered agent and/or register		me of the new registe
gent and/or the new registered office address here	<u>:</u>	
		ن
Name of New Registered Agent:		330
New Registered Office Address:		ST D.
	Enter Florida street address	ATE Y
	, 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
			□ Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□Change
			□ Add
			□Remove
			☐ Change
	 		□ Add
			□Remove
			
		 	Remove
			□Change
			□Add
			□Remove
			∏Change

shall now read ANTONIO RAI	FAEL YANES GIL my full name.

ctive date, if other than the da	late of filing: (optional)
effective date is listed, the date must b	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
ment's effective date on the Department	ck does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.
ord specifies a delayed effective of	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
filed.	
December 01	2021
	Wan)
	The second second

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