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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PRINCENTS	Feb RPS TE LLC Name of Limited Liability Company	
The enclosed Articles of Amendment Please return all correspondence conc		
riease return an correspondence conc	rning this matter to the following.	
	Gerly Vasson-Li	729
Re	Gerly Vasson-La Name of Person Mote Paralegal Se Firm/Company	eevides
103	60 SW 1864h St.,	# 971951
<u>M</u> 18	ami) FL 33197 City/State and Zip Code	
Pru	elentstep 901. Cor E-mail address: (To boused for future annual re	port notification)
For further information concerning the	s matter, please call:	
Grendy Vassol2-L Name of Person	072 at (786) (Area Code	50-0027 Daytime Telephone Number
Enclosed is a check for the following	amount:	
	Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Ado	dress:

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 **OF**

TRUCETTSTED RPS (Name of the Limited Liability (A Florid	dity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 12.0000 93936	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin N/A	&
The new name must be distinguishable and contain the words "Li	mited 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	Wiltred M. Vassok 3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10360 SW 1864h St, #971951 Miani, FL 33197
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	Wilfred M. Vassor 0360 SW 18644 Stu# 971951
New Registered Office Address:	7 [7 2 0 0 0 0 1 1 1 1 1 1
	Enter Florida street address City Zip Code
New Registered Agent's Signature, if changing Register	ed Agent: N/A

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 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>	Name	Address	Type of Action
MGIZM	Wilfred M. Vassor	9725 S.W. 215 Lane. Cutler Bay, FL 33189	i W.Add
			□Remove
MBIZM	Gerty Vassor-loza	17762 SW 114 Hve. 1. Miami, FL 33157	1020 OCT 23
		9951 SW 165 Terr. Miami, FL 33157	Change Add
			V Remove
			□Add
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(If an effec Note: 11	te date, if other than the date of filing: 6/28/20 (option tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil fithe date inserted in this block does not meet the applicable statutory filing requirements, this don's effective date on the Department of State's records.	ling.) Pursuant to 605	
he record ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) d.	The 90th day afte	r the
Dated _	October 13, 2020 Signature of friends the representative of a member		
	Genty Vasson-Loza		

Filing Fee: \$25.00