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COVER LETTER

TO: Registration Section Division of Corporations
annon BCHP Carrie ILC
SUBJECT: RCILP CIFOLP, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alechia Reese Name of Person
RCJLP CINCLIP,
Finn/Company
4000 Turking As
4000 Turton Ave
City/State and Zip Code
Car a Coralparous com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alechic Reese at (917) 881-2467. Name of Person at (917) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

RGLP Cin	SUP LLC 2623 AUC 13 PH 3: 58
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.)
	y Company were filed on April 1, 2020 and assigned
This amendment is submitted to amend the following	;;
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET AI)	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the name of the new registere</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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 2328 AUG 13 PH 3: 58	Type of Action
MUR	Alechia Reese		□Add
			□Remove
		4000 Turten Ave Jacksenville, FL 32208	XIChange
			□Remove
			□ Change
			□Add
			Пстюче
			□ Change
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			□Remove
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	date must be specific and this block does not t	d cannot be prior to dat meet the applicable :	e of filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 (, this date will not be listed as t
record specifies a delayed of is filed.	effective date, but no	t an effective time, a	at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
		<i>9</i> 21 25-1		
ated July /		. <u>0000</u> .		
nted July 1	Michael R	EESC member or authorized	representative of a member	