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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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☐ PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Saamoos Cinny Harris)	
	(Document Number)	
Certified Copies	Certificates of	Status
	- ·	 -
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D. CUSHING

COVER LETTER

Tallahassee, FL 32314

	istration Se ision of Cor				
SUBJECT:	WONG 230	SCRUB JAY, LLC			
SUBJECT		Name of Lin	nited Liability Company		
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.		
		ndence concerning this matter			
		WONG, ERIC D			
			Name of Person		
			Firm/Company		
		9004 W WISDOM PL			
			Address	•	
		SIOUX FALLS, SD 57106	5		
			City/State and Zip Code		
		Famail addrage (to be used for future annual report notification)	\sim	2024
For further in	formation ce	oncerning this matter, please c	·	: '	
Eric Wong			218 310-2335	- 3	-E-
	Name of	Person	Area Code Daytime Telephone Number	(1)	AM 9:4
Enclosed is a	check for th	e following amount:		f e i	-
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status	
Reg Div	ling Address istration S ision of Co . Box 632	ection Orporations	Street Address: 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

WONG 230 SCRUB JAY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{04/02/2020}{1}$ and assigned Florida document number __L20000095479 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RC 230 SCRUB JAY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: 3225 McLeod Drive, Suite 100 (Mailing address MAY BE A POST OFFICE BOX) Las Vegas, NV 89121 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_. Florida _

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
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n effective date is liste i <mark>te:</mark> If the date inser	ther than the date of filing:
ecord specifies a del is filed.	layed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed November 25	2024
	and Day
Eric D Wor	Signature of a member or authorized representative of a member

Filing Fee: \$25.00