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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RTR Prope	rty Group, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	N. Michael Kouskoutis		
	_	Name of Person	
	N. Michael Kouskoutis, P.	Α.	
		Firm/Company	
	623 East Tarpon Avenue		
		Address	
	Tarpon Springs, FL 34689	ı	
		City/State and Zip Code	
	tammylyall_paw@yahoo.co		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca		
Michael Kouskoutis		at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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		<u>Street Address:</u> Registration Sec	Nion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	· ·
The Articles of Organization for this Limited Li		y were filed on $\frac{05/08/2}{}$	020	and assigned
Florida document number L20000125655	<u> </u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited lia	bility company here:		
RTR PROPERTY GROUP, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the design	ation "LLC" or the abbr	
Enter new principal offices address, if applications	able:	N/A		2020
Principal office address MUST BE A STREE	T ADDRESS)			
			AHAS	2 + 1
Enter new mailing address, if applicable:		N/A	SEE.	
Mailing address MAY BE A POST OFFICE A	BOX)			0
				
 If amending the registered agent and/or regent and/or the new registered office addres 	egistered office <u>s here</u> :	address on our recor	ds, <u>enter the name</u>	of the new register
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida st	reet address	
			, Florida	
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

RTR PROPERTY GORUP, LLC.

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>l itle</u>	<u>Name</u>	Address	Type of Action
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		 	□Change
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Effec	ive date, if other than the date of filing: (option	al)		
(If an e	ive date, if other than the date of filing:	ing.) Purst ate will n	iant to 60)5.0207 (3 sted as the
	nent's effective date on the Department of State's records.		or oc 11.	
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) led.	The 90th	i day aft	er the
Dated	June 15+ 2020.			
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	Signature of a member or authorized representative of a member			

. . .

Filing Fee: \$25.00