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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT: RR	AM ,LLC Name of Lin	nited Liability Company	<u></u>
The enclosed Articles of A	mendment and fec(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	- Abhley 1	3. Davis Name of Person	
	RRAMIL	Firm/Company	
	333 E Pai	MeHO PK RA A	101-307_
	Boca Rate	City/State and Zip Code	
	E-mail address: (OKS davis Pam to be used for future annual report notifi	Cation)
For further information cor	ncerning this matter, please co	all:	
Ashley Do	Person	at ((019) 244 - Area Code Daytime	- 2097 Telephone Number
Enclosed is a check for the	following amount:		
Ø \$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 Address:		Street Address:	

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

2020 JUH 10 AH 8: 02 (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 ______ 5 10 2020 Florida document number \(\sum 200001210749 \). This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 _, Florida ___ Cin 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

2020 JUN 10 AN 8: 02

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ashley B. Davis	333 E Palmetto PK Rd AP1-307 Boca Raton, FL 33432	<u>≱</u> I√qq
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Effective date, if other than the date of filing:	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's reconstitution.	dicable statutory filing requirements, this date will not be listed as t
record specifies a delayed effective date, but not an effective d is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Pated	
Signature of a member or au	thorized representative of a member
Ashley Davi	,
- Khley Dan	S inted name of signee

Filing Fee: \$25.00