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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: R'CO	Syndicate Name of Lim	LLC nited Liability Company	
The enclosed Articles of Amendment	nt and fee(s) are sub	omitted for filing.	
Please return all correspondence con	nceming this matter	to the following:	
	Jason	S. Turres R.	
		Name of Person	
	Ric	o Syndicate LL Firm/Company	C
''		Firm/Company	
	1065	Sw Sth St S	uite 1087
	Miam	FL 33130	
	E-mail address: (rico Syndicate. Con (to be used for future annual repor	rt notification)
For further information concerning			
Jason S. Torres	1,00	at (<u>818</u>) <u>796</u> Area Code D	-9576
Name of Person		Area Code D	aytime Telephone Number
Enclosed is a check for the followin	g amount:		
	00 Filing Fee & tificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Rico Syi	ndicate L	LC			
(Name of the Limited (A	Liability Company Florida Limited Lie	y as it now appears on or ability Company)	ir records.)		١, ٠٠٠
Rico Syllong (Name of the Limited (A) The Articles of Organization for this Limited Liab Florida document number 1200016853	ility Company v	vere filed on <u>06/</u>	17/202	O and assi	gucqi.
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th					
The new name must be distinguishable and contain the word		·			
Enter new principal offices address, if applicable	le:	1065 SW 8 Miami FC	th st s	suite lo	87_
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Miami FC	33130	? 	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>)X)</u>	1065 SW &	7th st 33130	Suite 1	087
B. If amending the registered agent and/or registered affice address h	stered office ad nere:	ldress on our records	s, <u>enter the na</u>	me of the new	registered
Name of New Registered Agent:	Jasun	S. Torres	Rica	<u></u>	
New Registered Office Address:	1065	5. Torres SW 8th St, Enter Florida stre	Suite et address	1087	
		City			
-		City	, * 101104 _	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jason 5. Torres Rico	1102 Arboleda CT	□ Add
		Tampa, FL 33604	□Remove
AMBR	Jason S. Torres Rea	1065 SW 8th St, Suite 1087	🗹 🗸 Add
		Suite 1087	□ Remove
		Miami, FL 33130	□Change
			□ Add
			□Remove
			□Change
			□Add
			□ Кеточе
			□Change
			□Add
			□Remove
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			□ Add
			□Remove
			□Change

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ffectiv	ve date, if other than the date of filing: (optional)
	ve date, if other than the date of filing:
	nt's effective date on the Department of State's records.
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 28 2020
_	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized consequents up of a member
	Jason s. torres Rico

Filing Fee: \$25.00