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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

	cration Section on of Corporations
SUBJECT: _	Rinks ENTREPRISE LLC. Name of Limited Liability Company
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return a	I correspondence concerning this matter to the following:
	Rinhel Made Name of Person
	Name of Person  Rinks Cotte Prise LC  Firm/Company
	Rinks CotrePrise UC  Firm/Company  3153 NW 2757  Address  Mraw R 33142  City/State and Zip Code
	Mraus RC 33142 G
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
<b>L</b> in	Name of Person at (736) 468-6951.  Area Code Daytime Telephone Number
Enclosed is a c	heck for the following amount:
<b>₫ \$</b> 25.00 Fil	ing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.16

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/28/2020	and assigned
lorida document number <u>L 20000 223 169</u>	,,	_
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lial	ility company here:	
Rinks EnTerprise he new name must be distinguishable and contain the words "Limited Liab	LLC S.	202
he new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "LLC" or the abl	breviation "L.L.C."
Inter new principal offices address, if applicable:	* <del></del>	70 mm
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	- 171
	gilla mile	
	2 July 7 July 7 July	 O
nter new mailing address, if applicable:		ຸ່ ທາ 
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office	address on our records, <u>enter the nam</u> e	e of the new regi
gent and/or the new registered office address here:		
Non-ANI-ANI-ANI-A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	20 C L
	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	<b>Type of Action</b>
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