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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
RSK Capita	RSK Capital Management, 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:		
	Terrence Griffiths			
		Name of Person		
	Riveles Wahab, LLP			
		Firm/Company		
	638 Park Ave , #2			
		Address		
	Hoboken, NJ 07030			
	Terrence@randwlawfirm.co	City/State and Zip Code		
	E-mail address: (	to be used for future annual report i	notification)	
For further information c	oncerning this matter, please c	all:		
Terrence Griffiths		212 785-0076	1	
	<u></u>	at ()	time Telephone Number	
Name o	f Person	Area Code Day	time Telephone Number	
Enclosed is a check for the	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		Street Address		
Registration S		~	Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSK Capital Management, 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 and assigned L20000254093 Florida document number 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 "LLC" 16215 Villarreal de Avila. Enter new principal offices address, if applicable: Tampa, FL 33613 (Principal office address MUST BE A STREET ADDRESS) 16215 Villarreal de Avila, Enter new mailing address, if applicable: Tampa, FL 33613 (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 now regis agent and/or the new registered office address here: Name of New Registered Agent: 16215 Villarreal de Avila New Registered Office Address: Enter Florida street address Tampa Cire 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 wit 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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
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. Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this b document's effective date on the f	e date of filing:
the record specifies a delayed effecti cord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after
November 4	2020
DatedRon II	<del></del>
	Signature of a member or authorized representative of a member
Ross Karel, Manager	
	Typed or printed name of signee

Filing Fee: \$25.00