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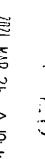
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COVER LETTER

	legistration S livision of Co		,		
SUBJECT	`` 	RATTENEE RES	ACTY LLC		
The enclos	sed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please retu	irn all corresp	ondence concerning this matter	to the following:		
		JAMES RA	THEREE Name of Person		
		RATTERE			
			LTHOALE OAK		
		TAMPA F	City/State and Zip Code		
		E-mail address; (to be used for future annua	AIL. COM	<u> </u>
For further	r information	concerning this matter, please co	ill:		
	TAMES	RATTEREE of Person	ar (321)	877-9005	
	Name	of Person	Area Code	977-9005 Daytime Telephone No	ımber
Enclosed i	is a check for	the following amount:			
E3 \$25.00	0 Filing Fee	₩\$30.00 Fifing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is e	Cerr nelosed) Cerr	00 Filing Fee, tiffcate of Setting & Set
Г Р	Aailing Addro Registration Division of P.O. Box 63 Fallahassee.	Section Corporations 27	Regist Divisi The C 2415 I	Address: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Su assee, FL 32303	A 0. #1 ite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A	Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab	ility Company were filed on	09/23/2020	<u>) </u>	ned
Florida document number <u>L 2 0 0 00 3c</u>	0326			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the de	signation "LLC" or the abb	nestation "L.L.(
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET.	4DDRESS)			
		. <u> </u>		<u></u>
Enter new mailing address, if applicable:			<u></u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
D. 16	· 4 d - 60° d d		£ • h	
B. If amending the registered agent and/or reg agent and/or the new registered office address		corus, <u>emer me nam</u>	3 of the new t	egisteret
			7071	O
Name of New Registered Agent:	***			
New Registered Office Address:			MAP .	-1
tew teginered extree realists.	Enter Flor	ida street address		
		Florida	D -	<u> </u>
	City		May control	J
New Registered Agent's Signature, if changing Reg	gistered Agent:		-	
I hereby accept the appointment as registered				
provisions of all statutes relative to the proper accept the obligations of my position as registe				
being filed to merely reflect a change in the reg	gistered office address, I hereb			
company has been notified in writing of this ch	ange.			

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MER	JAMES RATTEREE JR	16458 November Comes Drive	4 7/dd
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot		(option	ral) 📡 🚉
effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the	be prior to date of filing or e applicable statutory fi	more than 90 days after fi ling requirements, this c	ling.) Purstant to 60 <u>5,0</u> late will oo t be lister
ument's effective date on the Department of State's i	records		<u> </u>
			_
ford specifies a delayed effective date, but not an effe filed.	ective time, at 12:01 a n	i, on the earlier of: (b)	The 90th day lafter (
ed MARCH 24h . 200)		
ed March 24h 200			
	or authorized representati		
Signature of a member	or aumorized representati	ve of a member	

Filing Fee: \$25.00