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## COVER LETTER

Division of	Corporations	
SUBJECT:	RSN INVESTMENT Group 2 LLC Name of Limited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are submitted for filing.	
Please return all corre	espondence concerning this matter to the following:	
	Rul NARINE Boodann Name of Person	
	RSN INUESTMENT Group 2 LLC Firm/Company	سـ
	515. S Volonia Ave.	
	Orange City Fd. 32763  City/State and Zip Code  1995 6 P AD (- CM)  E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Zu PWARIN	E Boodram at (516) 410 - 718 4  ne of Person Area Code Daytime Telephone Number	
Enclosed is a check f	for the following amount:	
\$25.00 Filing Fe	c \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
_	on Section Registration Section of Corporations Division of Corporations	

Tallahassee, FL 32314

**Registration Section** 

TO:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RSN 1	NVESTME	No Gr	jup 2	LLC	
(Name of the Limited	Liability Company Florida Limited Lia	y as it now appears ability Company)	on our records.)		
The Articles of Organization for this Limited Lial	bility Company w	vere filed on	79-24-	2020 and ass	igned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t				 - <u>-</u>	, : , : , つ
The new name must be distinguishable and contain the wor	ds "Limited Liability	y Company," the de	signation "LLC" or t	he abbreviation "L.	L.G.
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ole: ' <u>ADDRESS)</u>	515. Oran	S Vol	USIA /	27C
Enter new mailing address, if applicable:			<del></del>		
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>				
B. If amending the registered agent and/or regagent and/or the new registered office address	here:				
Name of New Registered Agent:	Rupa	ARINE	Boodra	М	
New Registered Office Address:	Rupa. 515: S	Enter Flori	da street address	<u>e</u>	<del>. ~</del> ,
			, Florid		
New Registered Agent's Signature, if changing Re	gistered Agent:				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actic
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Filing Fee: \$25.00