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(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u>-</u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:	Registration Se Division of Cor			- t-
		RKK ENTERTAINMEN	IT LLC	•
SUBJE	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			STEVEN R. KAPLAN	
			Name of Person	· -
			Firm/Company	
200 SW 12TH AVE.				
			Address	
		PON	4PANO BEACH, FL 33069	
			City/State and Zip Code	
			PLAN@TEAMFIM.COM to be used for future annual report no	otification)
For fur	ther information o	concerning this matter, please c		
	STEVEN R. K	KAPLAN	954 325-5 at ()	763
	Name o	of Person		ime Telephone Number
Enclose	ed is a check for t	he following amount:		
X \$2	5.00 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 Address: Registration Section		Street Address: Registration S	Section	
Division of Corporations		Division of Corporations		
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	'Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RKK ENTERTA	INMENT LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
he Articles of Organization for this Limited Liability Company lorida document number	were filed onNOVEMBER 12, 2020	and assigned	
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
RKK ENTERPRISES, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
nter new principal offices address, if applicable:	200 SW 12TH AVE		
Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33069		
	200 CW 12TH AVE		
Inter new mailing address, if applicable:	200 SW 12TH AVE		
Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33069		
. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nar	ne of the new regist	
Name Device and Office Address.			
New Registered Office Address:	Enter Florida street address	1 C.	
<u> </u>	Florida	<u>-a</u>	
	City	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent:		٠. دم	
hereby accept the appointment as registered agent and agr.	no to not in this committee I for the con-	់ ហ	

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>	<u>Address</u>	Type of Action
			□Remove
			□Change
			
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Change

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Note: If t	date, if other than the dat we date is listed, the date must be s he date inserted in this block of s effective date on the Depart	loes not meet the a	pplicable statuto	ing or more than 90 d ry filing requireme	_ (optional) ays after filing.) Pursuar ents, this date will not	nt to 605.0207 (be listed as t
record sp d is filed.	occifies a delayed effective da	e, but not an effect	tive time, at 12:0	1 a.m. on the earlie	er of: (b) The 90th d	ay after the
ated	JANUARY 18	2021	l .			
	1	10f2	······································			
	Sigr	ature of a member or	authorized repres	entative of a member	 	
		STEVEN R. F	CAPLAN			
			printed name of s	iance		<u></u>

Filing Fee: \$25.00