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TO: Registration Se Division of Cor	
SUBJECT:	RK Aventura Biscaune LLC Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Anne-Marie Valla Name of Person
	RK Centers Firm/Company
	50 Cabot St Suite 200
	Needham MA D2494 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Anne- Mame o	of Person at (771) 320 - CCO1 Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
Q.\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KK HVENTURA BISC	ayne LLC
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	<u>w appears on our records.</u>) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 11 23 2020 and assigned
Florida document number <u>L2000 359940</u> .	'
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<i>₹</i>
Enter new mailing address, if applicable:	E2
(Mailing address MAY BE A POST OFFICE BOX)	3
	T IT
B. If amending the registered agent and/or registered office address o	n our records, enter the name of the new registered
agent and/or the new registered office address here:	
	ھ .۔
Name of New Registered Agent:	
New Registered Office Address:	
E	inter Florida street address
	, Florida
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	Type of Action
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record specifies a d	lelaved effectiv	te date but no	t an effective	ime at 12:01	am on the ear	lier of: (b)	Tha	Onth day	v ofter the
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