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COVER LETTER

Tallahassee, FL 32314

TO: Registration Se Division of Cor				
SUBJECT:	TONY HADDY WON	RKS LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Аптол	Name of Person		
		Name of Person		
		OWNER		
		Firm/Company		
	22984	SW 107 P.	IACE	
	HiAmi	FL 33170		
		City/State and Zip Code		
	E-mail audress: (FL 33/70 City/State and Zip Code 2/54 hot mail. com to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please ca			
Antonio	LARRINAGA Person	ati 786 j 334	4276	
Name of	Person	at (<u>786</u>) <u>334</u> Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
2 \$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 Address		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

	RKS LLC
(Same of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $11/14/2020$ and assigned
Florida document number <u>L 2 0000 3 6 6 6 5 8</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	20 DEC
	E1 8 1
	27
Enter new mailing address, if applicable:	P 7
(Mailing address MAY BE A POST OFFICE BOX)	12:
and the second s	05
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter 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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
CEO	Antonio LARRINAGA	22984 SW 107 PlACE	
		HiAMi, FL 33170	Remove
			□ Change
MGR	Antonio LARRINAGA	22984 SW 107 Place	&Add
		Miami, FL 33170	□Remove
			□Change
			□Add
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			□Change

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