L21000013639

(Ke	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO:	Registration Se Division of Cor		ør,	1.	
~!!		DING, LLC			
SUBJE	.C1:	Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter	_		
		JONATHAN P. WHITNE	Y		
			Name of Person		-
		LUTZ, BOBO & TELFAI	R, P.A.		
			Firm/Company		2021
		2 N. TAMIAMI TRAIL, S	SUITE 500		
	•		Address		7 19 PK
		SARASOTA, FL 34236			-0
		JWHITNEY@LUTZBOBO	City/State and Zip Code D.COM		2: 15
		E-mail address: (to be used for future annual report notifi	cation)	
For furt	ther information c	oncerning this matter, please c	all:		
JONA'	THAN WHITNEY	í	941 951-1800		
	Name o	f Person	Area Code Daytime	Telephone Number	•
Enclose	ed is a check for th	ne following amount:			
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres Registration S Division of C	Section	Street Address: Registration Sect Division of Corp		
	P.O. Box 632 Tallahassee, F	7	The Centre of Ta 2415 N. Monroe	illahassee	10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RT21 HOLDING, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/01/2021}{1}$ and assigned Florida document number L21000013639 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RT21 HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _

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.

City

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot	ot be prior to date of	filing or more than 90	(optional) days after filing.) Pi	ursuant to 605.0
ote: If the date inserted in this block does not meet the becoment's effective date on the Department of State's		itory filing requirem	ents, this date wi	ll not be listed
record specifies a delayed effective date, but not an ef is filed.	fective time, at 12	:01 a.m. on the earl	er of: (b) The 9	0th day after
ated	/ 			
	/L / / / / / / / / / /	سنن		
Signature of a member	er or authorized repr	resentative of a member	<u> </u>	

Filing Fee: \$25.00