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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Na	me)
(Do	cument Number)
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21 AFR 12 PH 4: 23

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Rioni Legacy	4	
<u></u>	RIONI Legacy Name of Lin	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.	
Please return all correspon	dence concerning this matter	r to the following:	
		Penadus Brown Name of Person	
		Rioni Legacy LCC	<u> </u>
	<u> </u>	450 Reynolds Rd	
		Address	
		Quincy, FL 32351 City/State and Zip Code	
	E-mail address:	Rionilegacy 90@6mai	1.com
For further information cor	icerning this matter, please c		
Renardos Name of F	Brown	at (<u>951</u>) <u>951 - 5</u> Area Code Daytim	5279 e Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	Street Address: Registration Sec	ction
Division of Cor		Division of Cor	porations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of T	allahassee e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF OF COMMENTAL OF ARTICLES OF ARTICLES

21 AFR 12 PH 4: 23 Rioni Legacy 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 01/07/2021 and assigned Florida document number <u>L2</u>1000021414 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

, Florida

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		AMERICA COM CHAINS			
<u>Title</u>	<u>Name</u>	Address 21 APR 12 PM 4: 23	Type of Action		
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(If an effecti Note: If	date, if other that ive date is listed, the da the date inserted in t's effective date on	ate must be specific this block does n	and cannot be price of meet the appli	r to date of filing or cable statutory fi	more than 90 day	(optional) is after filing.) Pursuant to 605.0207 is, this date will not be listed as
he record s ord is filed	pecifies a delayed e	ffective date, but	not an effective	time, at 12:01 a.n	n. on the earlier	of: (b) The 90th day after the
Dated	117/21) 	7
			- Ze. /			
			7			
		Signature o	i a metallicy or full	orized representati	ve of a member	