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(Re	questor's Name)	
(Ad	dress)	-
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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21 FF 12 FM 3: 22

T. MATTHEWS NOV 2 4 2021

COVER LETTER

TO:

TO: Registration of	on Section f Corporations		
	AI LLC		,
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	KETANKUMAR DESA	1	
		Name of Person	
	RK SAI LLC		
		Firm/Company	
	14541 WARD RD		
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	
	E-mail address	tto be used for future annual report noti	fication)
For further informat	ion concerning this matter, please	call:	
KETANKUMARI	DESAL	419 481-1105 at()	
N ₂	ame of Person	Area Code Daytim	e Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fo	ce S30.00 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 Ac		Street Address:	ction
_	ion Section of Corporations	Registration Se Division of Cor	
P.O. Box	6327	The Centre of T	allahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 KT 12 FK 3: 22

RK SAI LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records. ed Liability Company)	1
The Articles of Organization for this Limited Liability Compa	ony were filed on 03/15/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter tl</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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 = Mai AMBR = Aut	nager thorized Member		21 K 12 FH 3	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Z1 K	Type of Action
				□Add
		<u></u>		□Remove
				□Change
				🗆 Add
			<u>.</u>	□Remove
				🗆 Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□ Add
				□Remove

_____ Change

	Please file the enclosed Oper	ating Agreement to reference as a single asset entite	N. K. I. V. III.
	<u> </u>	1	,
		•	
E. Eff	ective date, if other than the	date of filing:	(optional)
Not	te: If the date inserted in this b	ock does not meet the applicable statutory filing rec	quirements, this date will not be listed as
doc	ument's effective date on the D	epartment of State's records.	
			U CALL THE COST AND ADDRESS.
If the re record is		e date, but not an effective time, at 12:01 a.m. on the	ie carner of: (b) I ne sonn day after the
Date	November ed	. 2021	
	Kell		

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Filing Fee: \$25.00