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(Requ	uestor's Name))
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PICK-UP	☐ WAIT	MAIL
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Registration Section

Div	rision of Corp	orations			
aug tran	RL 609, LLC	2			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Anicles of A	mendment and fec(s) are sub	mitted for filing.		
Please return	n all correspon	dence concerning this matter	to the following:		
		David M. Scully, Esq.			
			Name of Person		
		Loving Scully Law Group	PLLC		
			Firm/Company		2
		888 S. Andrews Avenue, S	uite 302		2024 JAH -3 PH 3:5 SECKETARY SEE FA
			Address	···	等
		Fort Lauderdale, FL 33316			要抗 心
			City/State and Zip Code		操写 達
		david@lovingscully.com			五元 5
			to be used for future annual report notif	ication)	一
For further i	nformation coi	ncerning this matter, please ca	111:		
David M. So	cully, Esq.		954 764-1005 x 3	I	
	Name of l	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:			
≘ \$25,00 l	Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
	illing Address: gistration Se		Street Address: Registration Sec	rtion	
	vision of Co		Division of Con	porations	
	D. Box 6327		The Centre of T		10
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RL 609. LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on March 22, 2021	and assigned
lorida document number L21000134354		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
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)		2001; J.M - 3
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>enter th</u>	1,-4 " " " " " " " " " " " " " " " " " " "
Name of New Registered Agent:		;n —
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Remove
			□Change
			Add may
			Remove
		**** 	S O Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Article III	
Any legal business	
The limited liability company shall have voting and nonvoting units.	
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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or more that: If the date inserted in this block does not meet the applicable statutory filing requ	n 90 days after filing.) Pursuant to 605.
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after
filed.	
Documber 27 2023	
Maker Sauce	
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Filing Fee: \$25.00