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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	RASI	12 LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		Stephen Zaldani	<u> </u>
	R	ASL LLC	
		Firm/Company	
	1120 Palm	Address	
	Odan	do FL 32805	
	Steph E-mail address: (1	to be used for future annual report notifi	ILS. Com
For further information co			
Stepher	Zaldna	401, 575-	4920
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	Division of Corporations CT:		
₹ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_		-	
P.O. Box 6327		The Centre of T	

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF

RASI7	116	2022 JUH 27 FH 4: 14
The Articles of Organization for this Limited Liability Compared Florida document number	d Liability Company)	rs on our records) OF STATE
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company he	ere:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the c	designation "LLC" or 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)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our r	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stephen Zaldnina	1120 Palma D-Orbano FL 32805	&Add
		FL 37805	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
	A14-34		□Add
			□Remove
			□ Change
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			□Add
			□Remove
			□Change

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Note:	ve date, if other than the date of filing:
e record rd is fil	A specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	6/21.2082
	Signature of a member or authorized representative of a member
	Signature of a memory without experience of

Filing Fee: \$25.00