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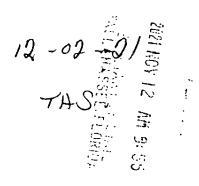
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Special Instructions to	Filing Officer:	
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COVER LETTER

ΓΟ: Registration Sec Division of Corp			
SUBJECT: R 5	T Compaine Name of Limit	ted Liability Company	.
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Bujar	Christmas Name of Person	
	RJI	Com Paines L Firm/Company	<u>LC</u>
	1325	NE 20014 St Address	
		ni FL 33179 City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	11:	
Bujari GCL Name of	ristmes.	at (305) 984 Area Code Daytime	- 0914 Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 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 Address: Registration Se		Street Address: Registration Sec	tion
Division of Co		Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJT Compaines	LLC	
(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2100015 650</u>	were filed on $\frac{4/5/21}{}$ and assign	ned
riorida document number L ~100015 6502		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
RJT Companies LLC The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C	<u></u>
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 a	address on our records, enter the name of the new r	registered
agent and/or the new registered office address here:	10 20 5 6 CO 20 CO	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida 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>	Address	Type of Action
AMBR	Enose Christman	1325 NE 2001 h St	□Add
		Miam; FL 33179	🗀 Remove
			AChange
			🗆 Add
			Remove
			□Change
			DAdd Remove
			□ Remove Change
			Change Change
			Remove
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ective date, if other the	an the date of filing:		lan	tional)
effective date is listed, the d	late must be specific and cannot b		or more than 90 days af	ter filing.) Pursuant to 605.020
	this block does not meet the the Department of State's re		filing requirements, t	his date will not be listed a
-	effective date, but not an effec	tive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day after the
s filed.				
ed 11/8/2	<u> </u>	·		
	77-			
	190		·	
	Signature of a member of	or authorized represent	ative of a member	