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COVER LETTER

TO: Registration Se Division of Cor			a
RHFields C	Consultancy, LLC		:
SUBJECT:		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Randolph H. Fields		
		Name of Person	
	Gray Robinson, P.A.		
		Firm/Company	 _
	301 East Pine Street, Suite	1400	
		Address	
	Orlando, FL 32801		
	randy.fields@gray-robinsor	City/State and Zip Code	
	= = :	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please c	all:	
Marion M. Baker		407 383-7580	
Name e	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address:	ation.
Division of C		Registration Sec	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R&S Fields, LLC		
(Name of the Limited Liability Compa- (A Florida Limited I.	ny <u>as it now appears on our records.)</u> lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 5, 2021	and assigned
Florida document number 1.21000215683		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
RHFields Consultancy, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		., ~ 2
(Principal office address MUST BE A STREET ADDRESS)		PRO JAN
		-3 M
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		8: 08 8: 08
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u> n	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	izmer i writa sireci augress	
	Florida	Zip Code
	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>	Name	Address	Type of Action
		- 	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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Filing Fee: \$25.00