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| (Requestor's Name)                            |  |  |  |
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| (City/State/Zip/Phone #)                      |  |  |  |
| PICK-UP WAIT MAIL                             |  |  |  |
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| (Business Entity Name)                        |  |  |  |
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| (Document Number)                             |  |  |  |
| (2003/10/10/10/10/10/10/10/10/10/10/10/10/10/ |  |  |  |
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| Certified Copies Certificates of Status       |  |  |  |
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| Special Instructions to Filing Officer:       |  |  |  |
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## **COVER LETTER**

| IRAR 360<br>SUBJECT:       | 1313 ICO RTK LLC                                |                                                                     |                                                                                                     |
|----------------------------|-------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|                            | Name of Limit                                   | ed Liability Company                                                | <del>-</del>                                                                                        |
| The enclosed Articles of   | Amendment and fee(s) are subm                   | nitted for filing.                                                  |                                                                                                     |
| Please return all correspo | ondence concerning this matter to               | o the following:                                                    |                                                                                                     |
|                            | Yolanda c/o ZenBusiness In                      | nc                                                                  |                                                                                                     |
|                            |                                                 | Name of Person                                                      |                                                                                                     |
|                            | ZenBusiness Inc                                 |                                                                     |                                                                                                     |
|                            |                                                 | Firm/Company                                                        |                                                                                                     |
|                            | 5511 Parkerest Dr. Suite 20                     | 7                                                                   |                                                                                                     |
|                            |                                                 | Address                                                             |                                                                                                     |
|                            | Austin, TX 78731                                |                                                                     |                                                                                                     |
|                            | fulfillment@zenbusiness.com                     | City/State and Zip Code<br>n                                        |                                                                                                     |
|                            | E-mail address: (to                             | be used for future annual report notific                            | cation)                                                                                             |
| For further information of | concerning this matter, please cal              | il:                                                                 |                                                                                                     |
| Filing Yolanda             |                                                 | 844 493-6249                                                        |                                                                                                     |
| Name o                     | of Person                                       | at ()<br>Area Code Daytime                                          | Telephone Number                                                                                    |
| Enclosed is a check for t  | he following amount:                            |                                                                     |                                                                                                     |
| \$25.00 Filing Fee         | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IRAR 3601313 ICO RTK LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/08/2021 and assigned Florida document number  $\frac{1.21000312024}{1.21000312024}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the 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 office address on our records, enter-the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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 |
|--------------|-------------|------------------------------------------------------|----------------|
| MGR          | Robert King | 4530 S. Orange Blossom Trl #893<br>Orlando, FL 32839 | <b>=</b> Add   |
|              |             |                                                      | Remove         |
|              |             |                                                      | □ Change       |
| AMBR         | Olga King   | 4530 S. Orange Blossom Trl #893<br>Orlando, FL 32839 | Add            |
|              |             |                                                      | ■ Remove       |
|              |             |                                                      | Change         |
|              | <del></del> |                                                      | Add            |
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| . If amending any other inform                                                                                                                     | mation, enter change(s) here: (Attach additional sheets, if necessary.)         |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------|
|                                                                                                                                                    |                                                                                 |                                                  |
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|                                                                                                                                                    |                                                                                 |                                                  |
| Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | the date of filing:                                                             | ursuant to 605.0207 (<br>ill not be listed as th |
| the record specifies a delay<br>) The 90th day after the re                                                                                        | yed effective date, but not an effective time, at 12:01 a.m. or ecord is filed. | the earlier of:                                  |
| Dated July 22                                                                                                                                      | 2021                                                                            |                                                  |
| /s/ Robert King                                                                                                                                    |                                                                                 |                                                  |
| _                                                                                                                                                  | Signature of a member or authorized representative of a member                  | <del></del>                                      |
| Robert King, Manage                                                                                                                                | er er                                                                           |                                                  |
|                                                                                                                                                    | Typed or printed name of signee                                                 |                                                  |

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Filing Fee: \$25.00