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Y. SCOTT

COVER LETTER

TO: Registration Sc Division of Cor		·	
SUBJECT:	R.P.	Trans Fer L ited Liability Company	.L. C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Piem	e, Renald	
		Firm/Company	2023 APR 17
	15020	7E 6th Ave	MA P
	<u> Mia mi</u>	PL 33 61 City/State and Zip Code	3: 26 STATE ———————————————————————————————————
	marsha 3	3161 & Jahon. to be used for future annual report noti	Com
For further information of	concerning this matter, please e	on Flig	- /.(113
Name o	of Person	at (<u>786</u>) <u>59</u> Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	L \$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	<u> </u>	Street Address:	

Registration Section 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

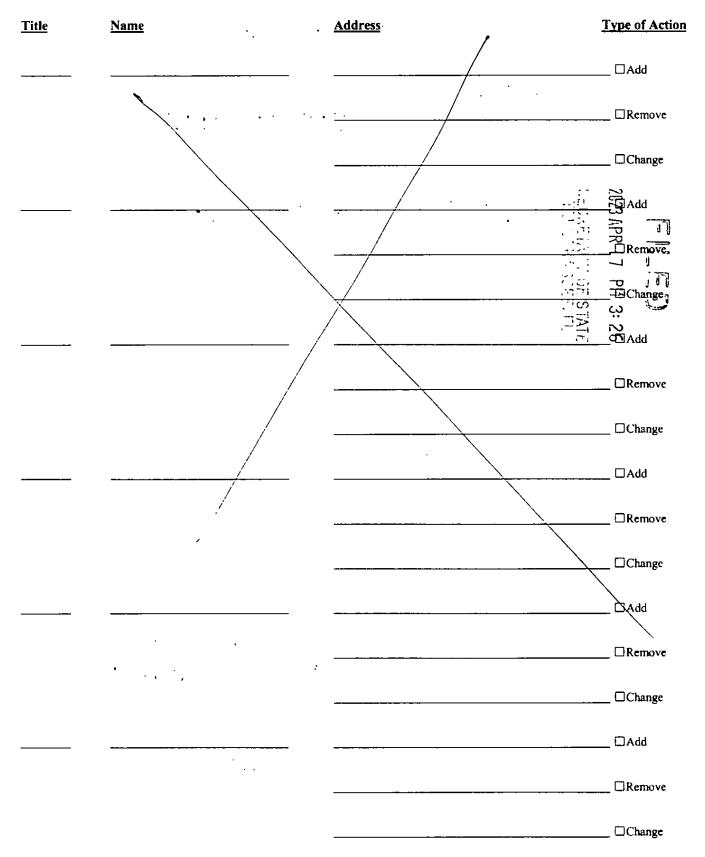
<u> </u>	ster	<u> </u>	·		
(Name of the Limited) (A	<u>Liability Compan</u> Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Liab	ility Company y	vere filed on 11 ·	-03 -7	202 and assi	oned
_		vere incu on	<u> </u>	and assi,	giicu
Florida document number <u>L 21 000 47 5</u>	<u> </u>			202 	
This amendment is submitted to amend the following	ing:			3 APR	
A. If amending name, enter the new name of th	ne limited liabil	ity company here:			ş
R.P. ~	Imnsf	er L.L		7 PF	111
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the design	ation "LLC" or th	e abbreviation, L.L	C.
Enter new principal offices address, if applicable	le:			TAT. 26	
(Principal office address MUST BE A STREET)	ADDRESS)			<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>) X)</u> .	P.O. B Homes	OX C	10213	6 90
B. If amending the registered agent and/or regi agent and/or the new registered office address h		idress on our recor	ds, <u>enter the n</u>	ame of the new	registered
Name of New Registered Agent:					
New Registered Office Address:	533	MCKinler Enter Florida st	1 Stree	<u>}</u>	
· ,	Holly	wood	, Florida	330Z Zip Code	<u></u>

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



	
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Filing Fee: \$25.00