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(Requ	restor's Name)	
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PICK-UP	☐ WAIT	MAIL
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T. MATTHEWS MAR - 2 2022

, COVER LETTER

TO: Registration Section Division of Corpora		,	,
SUBJECT: RNP	TCE CYCCY I		KS LLC
The enclosed Articles of Ame	endment and fee(s) are submitted for	filing.	
Please return all corresponde	nce concerning this matter to the follo	owing:	
		OKTIS ne of Person	
1	RNB ICE Crear	M ICYS N SNA	TCKS LLC
	1572 bucul pr=	Address	
		ach Fl, 33400 te and Zip Code	<u> </u>
7	Albertaharlis 90 E-mail address: (to be used f	or future annual report notification)	
For further information conc	erning this matter, please call:		
Alberta t		(541) Z40 · 911Z Area Code Daytime Telepho	ne Number
Enclosed is a check for the fo	ellowing amount:		/ .
□ \$25.00 Filing Fee 〔	Certificate of Status Cer	.00 Filing Fee & rtified Copy ditional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec Division of Corp P.O. Box 6327		Street Address: Registration Section Division of Corporation The Centre of Tallahas	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22 FED 22 PH 12: 02

(Name of the Limited I.	Jability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L22000</u>	lity Company were filed on <u>IIIO 2022</u> and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e 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	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the name of the new registered</u> <u>ere</u> :
Name of New Registered Agent:	Alberta Harris
New Registered Office Address:	1572 QUCUL DR #1 Enter Florida street address
-	West Palm Beh Florida 33409 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.

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	Alberta Harris	1572 buart pr #1	
		west Palm Ben Fl, 33	HG1 _{□Remove}
			E Change
AMBR	Ronald pale IR	1572 buail DR#1	□ Add
		West Palm Ben Fl 331	<u>₩</u> 0] □Remove
			[Change
	4		□Add
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ecord spec is filed.	ifies a delay	ed effective date	z, but not an e	effective tim	e, at 12:01 a	.m. on the c	arlier of:	(b) The 90th day at	iter th
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4	Alb	et C J	ature of a mem	ber or mathori	zed represent	ative of a me	mber		
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