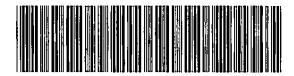
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TALLAHASSEE, FLORIDA

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AUG 1 2022 S. PRATHER

COVER LETTER

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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
RECCE 4 I	ENTERPRISES, LLC		
SUBJECT:	Name of Lim	ited 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:	
	Chad M. Clifton		
	 :	Name of Person	
	RECCE 4 ENTERPRISES	S. LLC	
		Firm/Company	
	7199 - 30 Avenue North		
	<u> </u>	Address	
	St. Petersburg, FL 33710		
		City/State and Zip Code	
	ehad22cc@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Chad M. Clifton		702 287-6384	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
	□ \$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 Addres		Street Address:	etion
Registration 5		Registration Sec Division of Cor	
Division of Corporations P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ol	F	ZAHAY	
RECCE 4 ENTERPRISES, LLC		HAY 27 PH	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	PH 6	C)
The Articles of Organization for this Limited Liability Company	were filed on April 20, 2022	FLORE and assigned	
Florida document number L22000189067			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	cy Company," the designation "LLC" or the abbro	eviation "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 acagent and/or the new registered office address here:	ldress on our records, <u>enter the name o</u>	of the new regis	<u>tered</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Florida		

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.

Zip Code

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	Chad M. Clifton	20008 Ryman Place, Tampa, FL 33647	\alpha Add
			Remove
			Change
			□ Add
			□ Remove
			□Change
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record specifies a delayed effect d is filed.	tive date, but r	not an effective	e time, at 12:0	l a.m. on the	earlier of: (b)) The 90t	h day af	ter the
, May 18		2022					J.L.	2022
Dated	1	-· / /	— ;				14.	MM
/	That	1/4	2'/				ASS:	2022 MAY 27
/							134 mg	
	Signature of	f a member or au	thorized represe	ntative of a mo	mber		17.5	
Chad M. Clifton	Signature of	f a member or au	thorized represe	intative of a mo	ember		er STAI	PH 6: