123000190088

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(Address)				
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SECRETARY OF STATE

TALLAHASSEE, FL



COVER LETTER

SUBJECT: _			ited Liability Company				
	Articles of Ar		ited Liability Company				
	Articles of A	10.4					
The enclosed		mendment and fee(s) are sub	mitted for filing.				
	ll correspond	lence concerning this matter					
		Kaelan Atkinson					
			Name of Person				
			Firm/Company				
		12782 Gator Swamp Ln					
			Address				
		Jacksonville, FL 32223					
			City/State and Zip Code	-			
		tampabay 87@aol.com	to be used for future annual report notific	etion)	S E	202	
For further inf	ormation con	cerning this matter, please c	·	ation	CRETA		
Kaelan Atkins	son		904 219-9375 at ()		AS TRY	=	***
	Name of P	erson		Felephone Number	SECRETARY OF STA TALLAHASSEE, FL	2024 JUL 11 AH 7: 56	
Enclosed is a d	check for the	following amount:			, H	9	
■ \$25.00 Fil	ting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional cop	f Status & py		

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

Street Address: 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

RI HOLDING COMPANY, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/21/2022	and assigned
Florida document number L22000190088		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li-	ability company here:	
'he new name must be distinguishable and contain the words "Limited Liz	ability 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)		
		
		202 SE
Enter new mailing address, if applicable:		FR -
Mailing address MAY BE A POST OFFICE BOX)		
		HARY AS
		SE CA AR
3. If amending the registered agent and/or registered offic	e address on our records, enter the	
agent and/or the new registered office address here:		72 S6
		•••
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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
MGR	Richard A Cornatzer	39 Spey Bay Court	□Adđ
		Jacksonville, FL 32259	≅ Remove
			□Change
			□Add
			□ Remove
			□Change
			OAdd 2024
			2024 JUL 11 AM 7: 56 2024 JUL 11 AM 7: 56 TAPLAHASSEE AL
			M 7: 56 OF SHATE SEE AL
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Please amend the location and	mailing address to 12782 Gator Swamp Ln, Jacksonville, FL 3	32223
		
 		
		, <u> </u>
		2024 SEC
		ALE CREE
		AH
		
		<u></u>
		7: ST. E. F
Effective date, if other than the	date of filing: (op	tional)
	be specific and cannot be prior to date of filing or more than 90 days affick does not meet the applicable statutory filing requirements, t partment of State's records.	
he record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of:	(b) The 90th day after the
Dated	2024	
	Hel warn	
<u> </u>	. *	
	Signature of a member or authorized representative of a member	
Kaelan Atkinson		
	Typed or printed name of signee	-

Filing Fee: \$25.00