Page: 1 of 4



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(((H22000187179 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC

Account Number : 120150000059 Phone : (727)362-6151 Fax Number : (727)362-6131

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email:	Address:			 

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RSJL TIC 4, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Fax: 17273626151

DOIL 2010 1 11 C

To;

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Page: 2 of 4 05/25/2622 4:45 PM H22000187179 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSJI, TIC 4, LLC		**-
(Name of the Limited Liability Compan (A Florida Limited Li	is as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company of Plorida document number L22000200363	were filed on 04/27/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty 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)		<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the na</u>	me of the new registered
		2022
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	P P P P P P P P P P P P P P P P P P P
	Florida	
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		, 12

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 Changing Registered Agent, Signature of New Registered Agent

m: William Lazenby

MGR = Manager

Fax: 17273626151

To:

Fax: (850) 617-6383

Page: 3 of 4

05/26/2022 4:45 PM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000187179 3

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
MGR	PCPRE MANAGEMENT, LLC	12945 SEMINOLE BLVD., BLD. 1 SUITE 15	🗆 Add
		LARGO, FL 33778	Remove
			□Change
MGR	RSJL TIC 4 Management, LLC	12945 SEMINOLE BLVD., BLD. I SUITE 15	• Add
		LARGO, FL 33778	□ Remove
			□Change
			□Add
			🗖 Remove
			Remove
			□Change
			🗆 🗖 Add
			□Remove

Change

To:

Frective date, if other than the date of filing:	
one: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no cument's effective date on the Department of State's records.  The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of is filed.	<del></del>
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is filed.	int to 605.020 of be listed a
	day after the
ted May 26 2022	
OIO	
Signature of a member or authorized representative of a member	