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SECRETARY OF STATE
TORPORATIONS

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	RPGA BLA	AKENBAKER, LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		CARY A PEREZ		
			Name of Person	
		JOSEPH D SACHS CPA	PA	
			Firm/Company	
		200 SOUTH PARK ROAI	D STE 301	
			Address	-
		HOLLYWOOD, FL 3302	1	
			City/State and Zip Code	
		CARY@JSACHSCPA.CO		
		E-mail address: (to be used for future annual report noti	fication)
For further inf	ormation c	oncerning this matter, please ca	all:	
CARY A PER	REZ		305 722-1040 E	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	theck for th	ne following amount:		
■ \$25.00 Fil	ling Fee	S30.00 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)
	ing Addres stration S		<u>Street Address:</u> Registration Sec	ction
Divi	sion of C	orporations	Division of Cor	porations
PΛ	Roy 632	7	The Centre of T	fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZA PLON OF COPPORATIONS OF

2022 AUG -2 PM 3: 50 1

RPGA BLAKENBAKER, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record d Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability Compare Florida document number	ny were filed on 7/19/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
RPGA BLANKENBAKER PLAZA, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "LLC	O" or the abbreviation "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 offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	SS

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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
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			Remove
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Effective date, if oth	ier than the date of fi	ling:		(optional)	
If an effective date is liste Note: If the date inse	ed, the date must be specific rted in this block does no	and cannot be prior to da of meet the applicable	te of filing or more that statutory filing requ	in 90 days after filing.	Pursuant to 605.02 will not be listed:
document's effective	date on the Department of	of State's records.			
	layed effective date, but	not an effective time,	at 12:01 a.m. on the	earlier of: (b) The	e 90th day after th
ord is filed.					
Dated	July 28	2022 PAnd	1		
	\	TA 1	1		
		1 Nhd			

Filing Fee: \$25.00