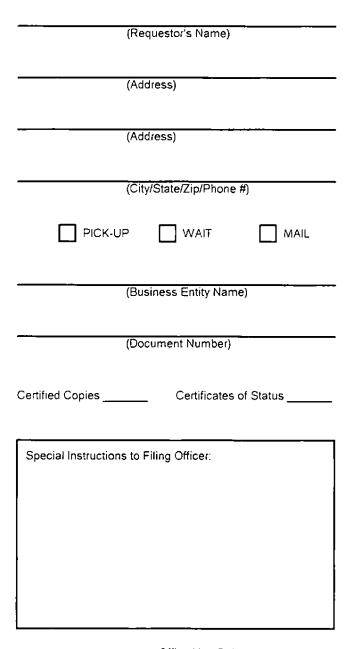
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TALLAHASSEE, FL

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## **COVER LETTER**

Division of Corpo	orations		
subject: <u>Suns</u>	et ofter	ررد	
	Name of Limi	ted Liability Company	<u></u>
The enclosed Articles of Ar	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter (	to the following:	
	704 CLA 5	2,	
	729(000	Rame of Person	
	Surset	Firm/Company	
		<b>Риписотрану</b>	
	81, 5W 8T	M St Unit 28 Address	03
	<u> </u>	Address	
		City/State and Zip Code	
	ryan@ sun	o be used for future annual report notifica	tion
			иоп)
For further information con	cerning this matter, please ca	all:	
Lyan Br Name of I	erson CLA	at ( <u>XVY</u> ) <u>50 -3 - C</u> Area Code Daytime To	535 &elephone Number
Enclosed is a check for the	following amount:		
≤ \$25.00 Filing Fee	□ \$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 Address:		Street Address:	

TO:

**Registration Section** 

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

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

offer LLC

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed	on Sert. 23, 2022 and assigned
Florida document number <u>L22 000 416574</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
RG1 Wdustries LLC 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:	
(Principal office address MUST BE A STREET ADDRESS)	200
	2024 MAY
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SSE P
maning duaress MAT BEAT OST OFFICE BOA	
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:  En	ter Florida street address
	, Florida
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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	date, if other than the date of filing: (optional) ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
<u>te:</u>  f:	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
cument	's effective date on the Department of State's records.
cord s s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
5 mea.	
ed V	may 15 MADON 2024
	Signature of a member or authorized representative of a member
	My Cum
	Signature of a member or authorized representative of a member
	Your Brunow Typed or printed name of signee