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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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cal Instructions to l	Filing Officer:	
J. DE(HORNE C 13 2022	

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LLAHASSEE, FLORI

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 .• 1-800-342-8062 • Fax (850) 222-1222

R & S VENTURES L	.LC		
		ļ	
			Art of Inc. File
		1	LTD Partnership File
			Foreign Corp. File
		·	L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
		ļ 	Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
		<u> </u>	Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
B			Vehicle Search
	 		Driving Record
Requested by:			UCC 1 or 3 File
Name	Date Time		UCC 11 Search
Name	Date Time		UCC 11 Retrieval
Walk-In Thom sizes GA &cc.	Will Pick Up	_	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION SECRETARY OF THE SECRET



R & S VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

• • •	
any were filed on	and assigned
iability company here:	
ability Company," the designat	tion "LLC" or the abbreviation "L.L.C."
	_
ce address on our record	s, enter the name of the new registe
Enter Florida stre	ret address
Clty	, Florida Zio Code
i .	ability company here: ability Company," the designated ability Company, the designated ability

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 Changing Registered Agent, Signature of New Registered Agent

If smending 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

Title	Name	Address	Type of Action
			
			Remove
			□ Remove
			Change
			□Remove
			□ Change
			DAdd
			□Remove
			Change
			CIRemove
			□ Change
			□Add
			□Remove
			Change

Page 2 of 3

JULE	tive date, if other than the date of filing: (optional) Tective 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 605.0207. If the date inserted in this block does not must the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	the state of the Department of State & Tecords.
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	12/12 2022
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00