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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 : (407)888-3131 Phone : (888)453-0509 Fax Number

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

Email Address: haccountant a) tax zonefi. con

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RJHOUSE LLC**

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M. SOLOMON

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Tallahassee, FL 32314

COVER LETTER

TO: Registration of Division of	on Section f Corporations		
RJHO	USE LLC		•
SUBJECT:	Name of L	imited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are s	ubmitted for filing.	
	respondence concerning this matt		
	ED KOTLER		
		Name of Person	
	TAX ZONE INC		
		Firm/Company	
	8865 COMMUNITY CI	R STE 4	202
		Address	~
	ORLANDO, FL 32819		2022 NOV -7 PH 2: 26
		City/State and Zip Code	Y Y
	ACCOUNTANT@TAX	ZONEFL.COM s: (to be used for future annual report notifi	cation)
For further informa	tion concerning this matter, please		26
ED KOTLER		407 888-3131 at ()	
N	arne of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
□ \$25,00 Filing F	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 A		Street Address:	tion
-	tion Section of Corporations	Registration Sec Division of Corp	
P.O. Box	c 6327	The Centre of Ta	allahassee
Tallahas	see, FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

- Page: 6 of 8

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

RJHOUSE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 11/01/2022	and assigned
Florida document number L22000469416		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	Hiability company here:	
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 ADDRES	<u>SS)</u>	. 22
		72
Enter new mailing address, if applicable:		2022 NOV -7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u> l	he name of the new regultered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida Zip Code
Non Dauletarad Agant's Signature II changing Dauletarad A	•	•

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

Page: 7 of 8

<u>Title</u>	Name	Address	Type of Action
AMBR	HOUSE, RONALD J	8727 LAKEFRONT CT	bbA□
		FOR MYERS, FL 33908	≅Remove
			EChange
AMBR	HOUSE, RONALD J	8727 LAKEFRONT CT	≣Add
		FORT MYERS, FL 33908	□Remove
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(If an effect Note: If	e date, if other than the date of filing:	5.0207 (3)(b) ed as the
f the record s ecord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	r the
Dated	Now 07 GOZZ Revald 5 House Signature of a member of authorized representative of a member	
	Signature of a member of authorized representative of a member	
	Portion of Alouse Typed or printed name of signee	