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SECRETARY OF STALE FALLAHASSEE, FLORIO

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COVER LETTER

TO: Registration S Division of Co		•	•	
RCS VI, I SUBJECT:	LC			
	Name of Lin	nited Liability Company	<u> </u>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	HOLLY HALE			
	······································	Name of Person		
	RCS VI, LLC			
		Firm/Company		
	1547 PROSPERITY FAR	1547 PROSPERITY FARMS ROAD		
		Address		
	LAKE PARK, FL 33403			
		City/State and Zip Code	·	
	ACCOUNTING@NEXGE			
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
HOLLY HALE		561 508,6272 at ()		
Name	of Person		e Telephone 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 Addr	nce-	Straat Addrace		

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

Street Address: 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

RCS VI, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/05/2022}{12/05/2022}$ and assigned Florida document number 1,22000510143 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2207 SUMMIT BLVD Enter new principal offices address, if applicable: WEST PALM BEACH, FL 33406 (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 office address on our records, enter the name of the new registered

agent and/or the new registered office address here:

New Registered Office Address: Enter Florida street address			
	New Registered Office Address:	Enter Florida street a	ddress

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

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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JUNE 27		2023				
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	Signature o	the member or anti-	porized representa	tive of a member		