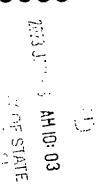
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A. BUTLER JAN - 3 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Rock bady Retreats, LC. Name of Himited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TVAVIJ JUJ Name of Person
Firm/Company
3134 Spruce berry C+ Address Wesley Chapp F 33543.
E-mail address: (to be used for future ainust report notification)
For further information concerning this matter, please call: Rultquy Tust at (64) 73-0425 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: \$\int \setminum \se

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

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Ruchbody	16 treatsportic	C AH 10: 03
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	FOR STATE
	17/1/2	27 and assigned
The Articles of Organization for this Limited Liability Company	were filed on 12 fw fe	and assigned
Plorida document number <u>L22 3 0 5 1 3</u> O C	15	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	pility company here:	
	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, <u>, , , , , , , , , , , , , , , , , , </u>
(Principal office address MUST BE A STREET ADDRESS)		[m] [] [] [] [] [] [] [] [] [] [] [] [] []
		<u></u>
		ι ζώ
Enter new mailing address, if applicable:		
		77 5
(Mailing address MAY BE A POST OFFICE BOX)		93
		<u> </u>
B. If amending the registered agent and/or registered office	address on our records, enter the	e name of the new registered
agent and/or the new registered office address here:	nuaress on our records, enter the	2
		723
Name of New Registered Agent:		A
Name (1) Negated Agent		::: <u>L</u>
New Registered Office Address:	Enter Florida street address	2, 200 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1
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	, Flori	da Zip Gode
	v ny	,

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 */ Title Name Address **Type of Action** AMBR Trans Just □Remove ______ □Change _____ □Add _____ Remove _____ □Change □Remove _ □Remove □Add □Remove □Change _____ □Remove

______ □Change

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reffectiv te: If th	ve date is listed, t he date inserte	than the date he date must be sped in this block do e on the Departn	ecific and can les not meet	the applicable	late of filing o e statutory fi	r more than 90 ling requirer	(optiona) days after filin nents, this da	ng.) Pursuant to 6	05,020 isted as
cord sp s filed.	secitīcs a delay	ed effective date.	but not an e	effective time	, ат 12:01 ал	n, on the car	lier of: (b)	The 90th day at	fter the
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