L23000056722

| (Requestor's Name) | |
|---|------|
| | |
| (Address) | |
| | |
| (Address) | |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | • 11 |
| PICK-UP WAIT MA | AIL. |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| (Bocament Number) | |
| | |
| Certified Copies Certificates of Status _ | |
| | |
| Special Instructions to Filing Officer: | |
| Special matractions to 1 mily offices. | |
| | |
| | j |
| | |
| | |
| | |
| | |
| | |

Office Use Only



400401917654

02/13/23--01015--007 **25.00



Ch Aliala (1)

COVER LETTER

Registration Section Division of Corporations

TO:

| RSC ENTE | ERPIZE LLC | | |
|---|--|---|--|
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | endence concerning this matter | to the following: | |
| | ROMAINE CLARKE | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 8203 W SAMPLE RD AP | | |
| | | Address | |
| | CORAL SPRINGS FL 330 | 965 | |
| | | City/State and Zip Code | |
| | ROWROW96@HOTMAIL | | |
| | E-mail address: (| to be used for future annual report notification) | |
| For further information c | oncerning this matter, please c | all: | |
| ROMAINE CLARKE | | 786 237-5098 at () | |
| Name o | f Person | Area Code Daytime Telephone Number | |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enclosed) | |
| Mailing Address Registration S Division of C P.O. Box 632 | Section Corporations | Street Address: Registration Section Division of Corporations The Centre of Tallahassee | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 FEB 13 PM 2: 04

RSC ENTERPIZE LLC

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

| | | · i* (|
|--|---|------------------------------------|
| he Articles of Organization for this Limited Liability Com | pany were filed on 01/26/23 | and assigned |
| lorida document number L23000056722 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited | liability company here: | |
| SC ENTERPRIZE L.L.C. | | |
| he 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: | <u> </u> | |
| Principal office address MUST BE A STREET ADDRES | <u></u> | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| • | | |
| • | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of | | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of | | |
| Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered of | | |
| Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: | | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of gent and/or the new registered office address here: | | nter the name of the new regist |
| Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of gent and/or the new registered office address here: Name of New Registered Agent: | fice address on our records, <u>e</u> Enter Florida street a | nter the name of the new regist |

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 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | 🗀 Add |
| | | | □Remove |
| | | | Change |
| | | ···· | □Add |
| | | | Remove |
| | | | |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | ☐ Change |
| | | | □Add |
| | | | □ Remove |
| | | | |
| | | | □Add |
| | | | □ Remove |
| | | | Change |

Page 2 of 3

| <u> </u> | | | | | | |
|---|---------------------|---|--|-------------------|---------------------------------------|--------------------------------------|
| • | | | | | | |
| | | | · | | | - |
| | · | | | **** | | |
| | | | | | ···· | |
| | | | | | | |
| | | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | • | | | | | |
| | | - · · · · · · · · · · · · · · · · · · · | | | | · · · · · |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | -, | · · · · · · · · · · · · · · · · · · · | | | |
| ffective date if other than the | date of filing: | | | (| optional) | |
| Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D | ock does not meet | the applicable | late of filing or r e statutory filin | nore than 90 days | after filing.) Purs | uant to 605.0207 not be listed as |
| ne record specifies a delayed The 90th day after the rec | | e, but not a | n effective | time, at 12: | 01 a.m. on ti | he earlier of |
| Dated February 08 | | 023 | | | | |
| | PA | \ | | | | |
| | Signature of a meml | - L : | vi representativ | | ·,·,- — · · · · · · · · · | |
| | ingitate of a meni- | ber or aumorize | ou representativ | e or a member | | |