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(Re	equestor's Name)	
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EIVISION OF CORPORATIONS



COVER LETTER

TO! Registration Sect Division of Corpo				
SUBJECT:		Capital LLC ited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Kei	line St. Natus J	can	
		Firm/Company		2023
	2241 N.W.	. 63rd Are		2023 SEP -5 PM 12: 40
		Address		2. 2.
	Sunrise	2 F 1 33313 City/State and Zip Code		01:21HJ
	11 chah	City/State and Zip Code		. 40
	E-mail address: (us e gmail. com to be used for future annual report notif	ication)	
For further information con	cerning this matter, please ca			
Kerline (St. Natus Jean Person	at (<u>786</u>) <u>291 -</u> Area Code <u>Daytime</u>	2941 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 tadditional copy is enclor	
<u>Mailing Address:</u> Registration Se	ection	<u>Street Address:</u> Registration Sec	ction	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

RKJ Capit	·)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>しるるのの1688</u> 7	were filed on April 5th, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab RKT Enterprise (The new name must be distinguishable and contain the words "Limited Liabiletics").	company, LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2028 SEE
	or corrections
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			Change
			□Add
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E. Effects (If an eff	ve date, if other than ective date is listed, the date If the date inserted in the	nust be specific;	ing: and cannot be prio at meet the appli	r to date of filing or	(op more than 90 days ati no requirements at	tional) er filing.) Pursuant to his date will not be	605.0201 listed as
	ent's effective date on th				ng requirements. o	ins dive will the oc	113144 11.
	l specifies a delayed effi	etive date, but r	not an effective t	ime, at 12:01 a.m	on the earlier of:	(b) The 90th day	after the
If the recor	a specifics a delayed circ						
If the recor record is fi							