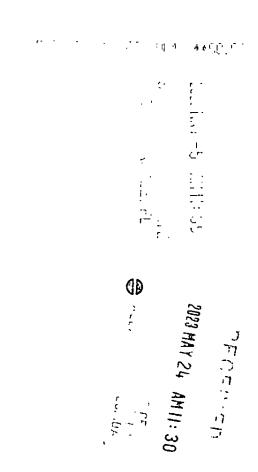
## L23 000 173 340

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(Address)
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## **COVER LETTER**

Division of Corp	orations		
SUBJECT: <u>RK</u>	HEADLIGH Name of Limi	T RESTORATIO	ON LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		D. WILLIAMS Name of Person  ILTIT RESTOR	LATON UC
		BELLE DEIVE  Address	
	RKHEADUGT E-mail address: (1	HASSEE FLOR City/State and Zip Code HTRESTORATION (G. to be used for future annual report notifi	
For further information co	ncerning this matter, please ca		
RASHEKA D Name of	· WILLTAMS	ar (678) 736.	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	OF \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

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

The Articles of Organization for this Limited Liability Company were filed on APLIL 107, 203 and assigned Florida document number 23.000/73340

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".

Enter new principal offices address, if applicable:
(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 agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
MGR	RASHEKA D. WILLIAMS	5119 ISABELLE DEIVE	Add
		Tr. LLAHAUS EE, FL. 323	<u>⊘∫</u> □Remove
			□Change
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date, if other than the date of filing: D4/06/2023  we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requires a effective date on the Department of State's records.	(optional)  0 days after filing.) Pursuant to 605 ments, this date will not be list
pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear	lier of: (b) The 90th day afte
MAY 24, 2023 11: 18Am.  Signature of a member of authorized representative of a member of a member of authorized representative of a member of	

Filing Fee: \$25.00