L23000223230

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RSS HUTCHINSON, LLC

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COVER LETTER

TO:	Registration Sc Division of Cor			
SUBJE	RSS HUTC	CHINSON, LLC		
SODJE		Name of Lin	ited Liability Company	
		Amendment and fee(s) are sub	•	
r lease i	eturi an correspo	indence concerning this matter	to the following.	
		Alejandra J. Ramirez Esq.		
			Name of Person	
		Law Office of Ramirez PL	I.C	
			Firm/Company	
		1310 Ferdinand Street		
			Address	
		Coral Gables, Florida 3313	34	
		Alejandra@AJRamirezLaw	City/State and Zip Code	
			to be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please c	all:	
Barry S	Schwarzberg		561 350-1916	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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 Addres	<u>s:</u>	Street Address:	

Registration Section
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**

FILED

RSS HUTCHINSON, LLC

2023 DEC -6 AM II: 36

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

(A room	a Limited Clabinty Company)	TALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability (Company were filed on May 5, 2023	and assigned
Florida document number <u>L23000223230</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	d office address on our records, ent	er the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	 -	
New Registered Office Address:		
	Enter Florida street add	lress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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
MGR	RAUL A. RAMIREZ	3300 Putney Court, Apt. 1309, Naples, FL 34112	= Add
			Remove
			□Change
MGR	BARRY SCHWARZBERG	1375 Gateway Blvd, Boynton Beach, FL 33426	
			□Remove
			□Change
MGR	SHEVA (SHARON) SOLOMON	1100 S. Northlake Dr., Hollywood, FL 33019	= Add
			□Remove
			□Change
MGR	RSS PORTFOLIO, LLC	1375 Gateway Blvd, Boynton Beach, FL 33426	
			= Remove
			□Change
			🗀 Add
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