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COVER LETTER

TO:

	Registration Se Division of Cor				
eun ira		RK VENTURES LLC			
SUBJEC	.l:	Name of Lin	nited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		AIDA HASANBELLI			
			Name of Person		
			Firm/Company		
		9310 ULMERTON RD, B	SLD 1 STE 800	:	
			Address		
		LARGO FL 33771		·	
			City/State and Zip Code	_	
		CONTACT@BUILDAME	RICALLC.COM to be used for future annual report notification)		
For furth	er information c	oncerning this matter, please c			
AIDA H	ASANBELLI		727 873-8923 at ()		
	Name o	f Person	Area Code Daytime Telephone	Number	
Enclosed	is a check for the	ne following amount:			
≣ \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	
-	Mailing Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	P.O. Box 632		The Centre of Tallahassee	3	
	Tallahassee, I		2415 N. Monroe Street, S		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)	
mpany were filed on AUGUST 17, 2023	and assigned
ed liability company here:	
d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
<u> </u>	
	. ~
office address on our records, <u>enter the na</u>	me of the new registe
Finter Florida street address	
, Florida _	Zip Code
	ad liability company here: d Liability Company," the designation "LLC" or the SSS) Enter Florida street address Florida

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
AMBR	CEDAR CREEK HOLDINGS LLC	3029 CREST DRIVE, CLEARWATER FL 33759	■Add
			□ Remove
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fective date, if other	than the date of t	Sling.		(option	al)
in effective date is listed,	the date must be specifi d in this block does t	c and cannot be price not meet the appl	icable statutory filing	ore than 90 days after fil	al) ing.) Pursuant to 605.0207 ate will not be listed as
record specifies a delay is filed.	ed effective date, bu	t not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
nted NOVEMBER 27			A-		
			<i>-</i> 11		

Typed or printed name of signee