10/4/2023



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000349186 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : 120010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:______

3; 39	STATE DRATIONS LORIDA
	2013 808 1111
. ਹਾ 	
100 00 m	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RNRLP LLC

Certificate of Status	()
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help T. LETHEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- RNRLP LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Torida document number <u>L23000429407</u> .	were filed on 09/13/23	and assigned
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u> </u>
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		-
 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	iddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Euter Flor;da street address	
	, Flori	dal Zip Ciode
Sew Registered Agent's Signature, if changing Registered Agent:		Zip Code
hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F.,	l am familiar with and S. Or, if this döcument is
ompany has been notified in writing of this change.		, 01

If Changing Registered Agent, Signature of New Registered Agent

4-0ct-2023 15:29 Leopold Fax 3059311947 p.3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ronald Pruna	462 SE 6TH ST	= Add
		Hialcah, FL 33010	□Remove
			□ Change
			□Remove
			□ Change
			🗖 Add
			□Remove
			Change
			🗖 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□ Change

4-0ct-2023 15-29 Leopold Fax 3059311947 p.4

). If amending any other informa	tion, enter change(s) here: (Attach addition)	al sheets, if necessary.)
AMPRILATE A		
		
		-
 		
· · · · · · · · · · · · · · · · · · ·		
		
Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the December 1.	t be specific and cannot be prior to date of filing or inste- ock does not meet the applicable statutory filing r	(optional) (than 90 days after filing.) Pursuant to 605.0207 (3) requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated October 4	2023	
	100 A	
	Signature of a member or authorized representative of	a member
Ronald Pruna		
	Typed or printed name of signee	

Filing Fee: \$25.00