Jivision of Corporations



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(((H230004163253)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 Phone : (904)356-2600 Fax Number : (904)355-0233

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

Consil .	Address:		-

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RT ENTERPRISES XP, LLC

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Help

From: Kate Schmidberger

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RT ENTERPRISES XP, LLC	as it name concert on our meanis)	
(Name of the Limited Liability Company (A Florida Limited Liab	nility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000493275</u> .	ere filed on 10/31/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
RT ENTERPRISES XPS, LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office addigent and/or the new registered office address here:	iress on our records, enter the na	me of the new regist
Name of New Registered Agent:		2073
New Registered Office Address:		330
	Enter Florida street address	6
	, Florida _	Zip Ciule
lew Registered Agent's Signature, if changing Registered Agent:	City	Zip Cinde

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 Changing Registered Agent, Signature of New Registered Agent

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

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From: Kata Schmidberger

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
		- A STATE OF THE S	□Add
			□Remove
			□Change
			DAdd
		W 11	Пкелюче
			□Change
			□Add
			□Remove
			□Change
	Will the state of the second s		CJAdd
			□Remove
			□Change
			□Add
			[]Ramove
			□Change
			□Add
			Firemove
			□ Change

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L Effec	tive date, if other than the date of filing:
Note	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the filed.
Date	Marin C. Ukay
	Signature of a dember or authorized representative of a member
	Marrie C. Vincarel on Authorized Pagescaptation
	Marvin C. Kloeppel, as Authorized Representative Typed or printed name of signee