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## COVER LETTER

Registration Section

TO:

Division of Cor	porations		
2RAT LLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return all correspo	ndence concerning this matter	to the following:	
	JANAYNA POTENCIAN	О	
		Name of Person	
	POTENCIANO CPA LLC		
	·	Firm/Company	·
	6965 PIAZZA GRANDE	AVE STE 307	
		Address	<del></del>
	ORLANDO FL 32835		
	<del></del>	City/State and Zip Code	
	JANAYNA@POTENCIAN		
		to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c	all:	
JANAYNA POTENCIA	NO	407 413 2411 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Registration S		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee, 1		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810
i minuitance,			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2RAT LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.  orida Limited Liability Company)	)
The Articles of Organization for this Limited Liabilit Florida document number L23000552789		and assigned
This amendment is submitted to amend the following	<b>y</b> :	
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 "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
		2
Enter new mailing address, if applicable:		APR 3
(Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or registon agent and/or the new registered office address here.		he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floi	rida
	City	Zip Code

## 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	Amanda Alves de Souza Teixeira	6965 Piazza Grande Ave Ste 307	<b>≣</b> Add
		Orlando FL 32835	□Remove
			□Change
AMBR	Rhemora Alves de Souza Teixeira	6965 Piazza Grande Ave Ste 307	<b>=</b> Add
		Orlando FL 32835	□Remove
			Change
		<del></del>	□Add
			Remove
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