L2400001FT19

| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
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| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

| Division of Cor | porations | | | | |
|------------------------------|---|---|--|--|--|
| RLG Portio | olio LLC | | | | |
| SUBJECT: | Name of Lim | Name of Limited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Rachael Gregoire | | | | |
| | | | | | |
| | RLG Portfolio LLC | | | | |
| | | Firm/Company | | | |
| | 743 NE 193rd St. | | | | |
| | | Address | | | |
| | Miami, FL 33179 | | | | |
| | 1 | City/State and Zip Code | | | |
| | rlgportfoliolle@gmail.com E-mail address: (| to be used for future annual report notification) | | | |
| For further information c | oncerning this matter, please c | all: | 20 | | |
| Rachael Gregoire | | 650 839-3811 | | | |
| Name o | d Person | Area Code Daytime Telephone | Number 63 | | |
| Enclosed is a check for the | he following amount: | | PH H | | |
| ■ \$25.00 Filing Fee | □ \$30,00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) C | So.00 Filing Fee A Certificate of Status & Certified Copy additional copy is enclosed) | | |
| Mailing Address Registration | | Street Address: Registration Section | | | |
| Division of C | Corporations | Division of Corporations The Centre of Tallahasse | | | |
| P.O. Box 632 | 21 | The Centre of Tananasse | C | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RLG Portfolio LLC | | |
|--|---|--|
| (Name of the Lim | ited Liability Company as it now apper (A Florida Limited Liability Company) | irs on our records.) |
| The Articles of Organization for this Limited Florida document number 1.24000011719 | | and assigned |
| This amendment is submitted to amend the fo | | |
| A. If amending name, enter the new name | of the limited liability company h | ere: |
| 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 appli | icable: | |
| Principal office address MUST BE A STRE | ET ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | <u> </u> | |
| , 4 ′ | | |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office address on our ess here: | records, enter the name of the new register |
| , / | D 1 12 | |
| Name of New Registered Agent: | Rachael Gregoire | |
| New Registered Office Address: | 743 NE 193rd Street | Tri D |
| - | Enter Flo | orida street address |
| | Miami | , Florida |
| | Cin | 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 Changing Registered Agent. Signature of New Registered Agent

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 |
|--------------|-------------|-------------|---------------------------------|
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| Effective date, if other than the date of filing: [In effective date is fisch, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 685207 (week.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to locument's effective date on the Department of State's records. Precord 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 dis filed. January 22 2024 Signature of a member or authorized representative of a member. Rachael Gregoire | | | . | | | | | |
|---|--|---------------------|-------------------|----------------------|--------------------------|-------------------|---------------------------------------|----------|
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