(((H24000253542 3)))



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From:

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M. SOLOMON

JUL 29 2024

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COVER LETTER

(((H24000253542 3)))

TO: Registration S Division of Co					
	WING LLC				
SUBJECT:	Name of Lin	nted Liability Company			
The enclosed Articles at	Amendment and fee(s) are sub-	mutted for films			
	ondence concerning this matter	•			
,					
	LOVETTE DOBSON				
		Name of Person			
		Firm-Company			
	17350 STATE HWY 249	· •			
		Address			
	HOUSTON TEXAS 7706	54		202 SAT	
		City State and Zip Code	 	2024 JUL 29 SECHETARY ALL AHASSI	- T
	EFILE1234@INOFILE.CO	DM to be used for future annual report notic	ication)	L 29 MRY ASSI	F
For further information c	concerning this matter, please c			PH PH	
LOVETTE DOBSON		8884623450		JUL 29 PH 1:48 KETARY OF STATE KHASSFELFLORION	١
Name o	of Person	at () Area Code — Daytim	e Telephone Number	60	
Enclosed is a check for t	he following amount:				
	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ci \$60,00 Filing Fed Certificate of \$6 Certified Copy (additional copy (ce	atus &	
Mailing Addres		Street Address:			
Registration Division of C		Registration Sec Division of Cor			
P.O. Box 632	27	The Centre of T	allahassee		
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000253542 3)))

RSR TOWING LLC		
(<u>Name of the Limited Liability Cor</u> (A Fforida Limit	upany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compa Florida document number L24000015276	any were filed on 01/05/	2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
RSR PERFORMANCE L.L.C.		
The new name must be distinguishable and contain the words "Limited Li	ability Company." the design.	ntion "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		2 (g) 2
Enter new mailing address, if applicable:		L2
Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		· 17
		STATE CLORID
B. If amending the registered agent and/or registered offic	e address on our record	ls, enter the name of the new registers
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida su	cet address
		, Florida
	Cuv	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	
hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and completecept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	to performance of my a is provided for in Chapi	uties, and I am familiar with and er 605, F.S. Or, if this document is
H Cl	hanging Registered Agent, S	gnature 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 = 3 $AMBR = 3$	Manager Authorized Member		(((H24000253542 3)))
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			ERemove
			[]Change
			ZAdd
			□Remove
			[DChange
			FILED MJUL 29 PH I: 48 EGREJARY OF STAFE LI ABASSEE FLORID.
			□Remove □Change
			ClAdd
			
			□Remove
			□Change

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Tective date, if other than the da	e of filing: specific and cannot be prior to date of filing or more does not meet the applicable statutory filing re	(optional) than 90 days after filing.) Pursuant to 605.0207 (
ecord specifies a delayed effective d is filed.	ic, but not an effective time, at 12:01 it.m. on t	he earlier of: (b) The 90th day after the
	2024	
July 26th		