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COVER LETTER

TO:	Registration S Division of Co				
CIID I		l Enterprises LLC			
SOBI	IECT:	Name of Lir	nited Liability Company		
The e	nclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	e return all corresp	ondence concerning this matter	r to the following:		
		Luke Baptiste			
			Name of Person		
		Prime Corporate Services			
			Firm/Company		د_
		5250 S Commerce Dr Ste	200	غ	
			Address	 15	
		Murray, UT 84107			2021 FEB 13 FM 9: 40
			City/State and Zip Code		ا منظر ا ها این این این این این این این این این ای
		llcsupport@primecorporate			5
		E-mail address:	(to be used for future annual report notif	ication)	123
For fu	rther information o	concerning this matter, please c	all:		
Luke	Baptiste		855 855-4639 at()		
	Name c	of Person		: Telephone Number	
Enclos	sed is a check for t	he following amount:			
= \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status & oy

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RS Capital Enterprises LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our reco Liability Company)	rds.)
e Articles of Organization for this Limited Liability Compan	y were filed on	and assigned
orida document number,		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
e new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LI	LC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:		
incipal office address MUST BE A STREET ADDRESS)		
		<u>. ූ</u> ය
ter new mailing address, if applicable:	PO Box 2941	9
ailing address MAY BE A POST OFFICE BOX)	Titusville, FL 32781	77. 6
If amending the registered agent and/or registered of	office address on our recor	rds, <u>enter the name of the</u>
istered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	1	Florida

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.

City

Zip Code

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

Title	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			Remove
			Remove
			Remove
			Change
~ -			Add
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Note:	etive date, if other ffective date is listed, to interest the date inserted ment's effective date	f in this block doe	s not meet the ap	oplicable statut	ling or more than ory filing requir	(option : 90 days after fili ements, this da	al) ing.) Pursuant to nte will not be	605.020 listed as
e re The	ecord specifies a e 90th day after	delayed effec the record is	tive date, but	t not an effe	ective time, a	t 1 2 :01 a.n	n. on the ea	rlier o
Dated	d 2/2		2024					
-	Patrict	Sunth)						
	fant (<u> </u>	na ata mante.	nutharised	Partedian a financia			•
	(mn)	Signatu	re of a member or	authorized repre	sentative of a mer	nber		•

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