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COVER LETTER

	gistration Scrision of Coi					
SUBJECT:	RR&T Industries LLC Name of Limited Liability Company					
SUBJECT,						
The enclosed	f Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
			. 1			
		Richard Richardson	A.R Reginak &	1. Richardson		
			Name of Person			
		RR&T Industries LLC				
			Firm/Company			
		1044 Cherry Street				
			Address			
		Jacksonville, FL 32205				
			City/State and Zip Code			
		Reginalrichardson70@gma				
		E-mail address: (to be used for future annual report no	otification)		
For further in	nformation c	concerning this matter, please c	all:			
Reginald Ri	chardson		904 383-2177			
Name of Person			at () Area Code Dayti	me Telephone Number		
Enclosed is a	rcheck for t	he following amount:				
□ \$25.00 E		■ \$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)		
<u>Mailing Address:</u> Registration Section		Street Address: Registration S	ection			
	-	Section Corporations	Division of Co			
P.C	D. Box 632	.7	The Centre of Tallahassee			
Tal	llahassee, l	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RR&T Industries LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/31/2024}{1}$ Florida document number __L24000058304 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RR&T Industries LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1044 Cherry Street Enter new principal offices address, if applicable: Jacksonville, Florida 32205 (Principal office address MUST BE A STREET ADDRESS) 2004 West 17th Street Enter new mailing address, if applicable: Jacksonville, Florida 32209 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cirv

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
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			□Change
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Effecti	ve date, if othe	r than the date	of filing:			((optional)	
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