## L24000081469

(Requestor's Name)	
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PICK-UP WAIT	MAIL
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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corp	porations		
	RSR TUNIN			
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return	all corre <b>s</b> poi	ndence concerning this matter	to the following.	
		TALITA BENDILATTI		
			Name of Person	
		CONNECTION CONSUL	TING LLC	
			Firm Company	
		7450 DR PHILLIPS BLVI	STE 303	
Address				
		ORLANDO, FL 32819		
			City/State and Zip Code	
		<del>-</del>	TIONACCOUNTING.COM to be used for future annual report not	itication)
For further in	fornution c	oncerning this matter, please ca		,
TALITA BE		,	407 561-0705	
		f Person	at () Area Code Daytin	ne Telephone Number
	wanie o	i i ciwai	7,100 0100	
Enclosed is a	check for th	ne following amount;		
≘ \$25.00 F	iling 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)
Reg	iling Address gistration Strision of C		Street Address: Registration Se Division of Co	rporations
	). Box 632 lahassee, l		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSR TUNING LLC	
( <u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fil Florida document number L24000081469	$1 \log \log \frac{02/14/2024}{2} \qquad \text{and assigned}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	24
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	
	70.7
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
THE INDIGITIES AND	Enter Florida street address
	, Florida
Cin	

## 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>	<u>Address</u>	Type of Action
AMBR	RICARDO ALBERT STEFFENS	1020 SIENA PARK BLVD W #103	□Add
		CELEBRATION, FL 34747	■Remove
			Change
			□Add
			ПКепюче
			☐Change
			□Add
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te: If the date inserted in cument's effective date or	this block does not the Department of	Theet the applicable State's records.	ie statutory tiling r	equirements, uns de	ne will not be fisied a:
cord specifies a delayed o	effective date, but n	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
is filed.		Ĺ			
SEPTEMBER, 05		2024			
ted		· ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	din)		
	<u> </u>				
	Signature of	a member of authori	zed ieju esentatīvē oi	a member	