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| (Re                       | questor's Name)   |             |
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| (Cit                      | y/State/Zip/Phone | e #)        |
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| (Bu                       | siness Entity Nar | ne)         |
| (Do                       | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to I | Filing Officer:   |             |
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## **COVER LETTER**

TO:

Registration Section

| Division of Cor   | porations                                    |  |  |
|---|--|--|--|
|   | A INVESTMENT LLC                             |  |  |
| SUBJECT:  | Name of Limi                                 | ted Liability Company  | <del></del>  |
| The enclosed Articles of  | Amendment and fec(s) are sub-                | nitted for filing.   |  |
| Please return all correspo  | ondence concerning this matter t             | o the following:   |  |
|   | ROBERT E DORADO                              | _  |  |
|   |  | Name of Person   |  |
|   | Robert (Dorado/K                             | Pedworks Ocala Anvestin  | nent LLC   |
|   | <del></del>                                  | Firm/Company   | <del></del> _  |
|   | 8451 NW 110 AVE                              |  |  |
|   |  | Address  | _ <del></del>  |
|   | MIANIL FL 33178                              |  |  |
|   |  | City/State and Zip Code  |  |
|   | REDWORKSOCALA@OU                             |  | <u> </u>   |
|   | E-mail address: (                            | to be used for future annual report notifica   | ation)   |
| For further information   | concerning this matter, please co            | att:   |  |
| ROBERT E DORADO   |  | 305 5706725  |  |
| Name  | of Person                                    | Area Code Daytime T  | Telephone Number   |
| Enclosed is a check for   | the following amount:                        |  |  |
| □ \$25.00 Filing Fce  | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed)                            | ■ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr<br>Registration<br>Division of<br>P.O. Box 63<br>Tallahassee | Section<br>Corporations<br>27                | Street Address: Registration Sect Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL. | orations<br>Hahassee<br>Street, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RC OCALA INVESTMENT LLC  |   |
|--|---|
| (Name of the Limited Lia<br>(A Flo   | ability Company as it now appears on our records.) orida Limited Liability Company)     |
| The Articles of Organization for this Limited Liabilit   | ty Company were filed on 03/19/2024 and assigned  |
| Florida document number 1.24000134837  | <del></del>   |
| This amendment is submitted to amend the following   | g:  |
| A. If amending name, enter the new name of the   | limited liability company here:   |
| NOT APPLICABLE   |   |
| 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 applicable   | : NOT APPLICABLE  |
| (Principal office address MUST BE A STREET AI  |   |
|  |   |
| Enter new mailing address, if applicable:  | NOT APPLICABLE  |
| (Mailing address MAY BE A POST OFFICE BOX  | <u> </u>  |
|  |   |
| B. If amending the registered agent and/or regis agent and/or the new registered office address he | tered office address on our records, <u>enter the name of the new registere</u><br>ere: |
| Name of New Registered Agent:  | ROT APPLICABLE  |
| New Registered Office Address:   | Enter Florida street address  |
| _  | , Florida, Zip Code   |
| New Registered Agent's Signature, if changing Regi   | ·   |

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 |
|--------------|-----------------|---------------------------------|----------------|
| MGR          | ROBERT E DORADO | 8451 NW 110 AVE MIAMI, FL 33178 | <b>=</b> Add   |
|              |                 |                                 | □Remove        |
|              |                 |                                 |                |
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| NOT APPLICABLE  |   |   |  |                                     |
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| Effective date, if other than the d<br>If an effective date is listed, the date must l<br>Note: If the date inserted in this bloc<br>document's effective date on the Dep | be specific and cannot be prior<br>ork does not meet the applic | to date of filing or more th<br>able statutory filing req | (optional)<br>on 90 days after filing.) Pursuar<br>airements, this date will not | n to 605,0207 (,<br>be listed as tl |
| ne record specifies a delayed effective ord is filed.   | date, but not an effective ti                                   | me, at 12:01 a.m. on the                                  | e earlier of: (b) The 90th d   | lay after the                       |
| Dated   | 2024  | <u></u> .   |  |                                     |
|   | ر مراه  |   |  |                                     |
| Robert (Don   | racco   |   |  |                                     |
| Robert ( Don  | Signature of a member or auth                                   | orized representative of a i                              | nember   |                                     |

Filing Fee: \$25.00