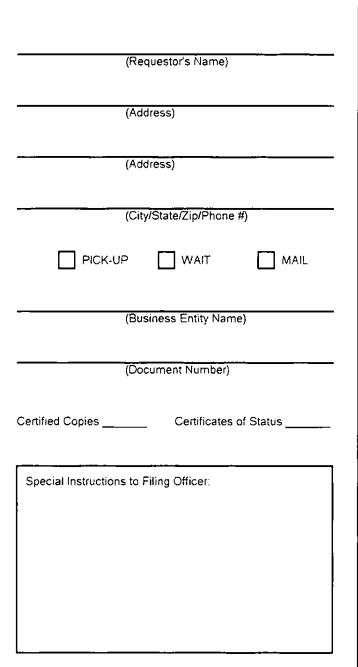
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## **COVER LETTER**

TO:	Registration Se Division of Cor							
CHRIC	R2TC Grou	p I.le						
SUBJECT:Name of Limited Liability Company								
The enc	losed Articles of	Amendment and fee(s) are subt	nitted for filing.					
Please r	eturn all correspo	ndence concerning this matter t	to the following:					
		Tim Updegraph						
	Name of Person							
		R2TC Group Llc						
	Firm/Company							
		6993 Professional Pkwy						
	Address							
		Sarasota, Fl 34240						
	City/State and Zip Code							
		tim@purehome365.com						
For furtl	her information co	n-mail address: (i oncerning this matter, please ca	o be used for future annual report no II:	offication)				
Tim Up	degraph		607 7380103					
Name of Person			Area Code Dayt	me Telephone Number				
Enclose	d is a check for th	e following amount:						
<b>-1</b> \$25	.00 Filing 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)				

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R2TC Group Lle		
( <u>N</u> ame of the <u>Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 4/8/2024	and assigned
Florida document number 1.24000164842		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	oility company here:	
RTC Management Group LLC		
The new name most be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	
Enter new principal offices address, if applicable:	Tim Updegraph	024 A
(Principal office address MUST BE A STREET ADDRESS)	6993 Professional Pkwy	2 7
	Sarasota Fl 34240	29
Enter new mailing address, if applicable:	Tim Updegraph	
(Mailing address MAY BE A POST OFFICE BOX)	6993 Professional Pkwy	
	Sarasota, FL 34240	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	N.
		orida
	City	Zip Code

## 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>	Name	Address	Type of Action
		<del></del>	□Add
		<del> </del>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<del> </del>	□Add
		-	□Remove
			☐ Change
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			□Remove
			🗀 Change
			🗀 Add
			□ Remove
			Changa.