L24CC0171617

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09/03/24--01036--018 **55.00

DZ4 SEP -3 PH 2: 0

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COVER LETTER

TO:

	ion Section of Corporations			
SUBJECT: RKT	AH Fishing LLC			
		Limited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.		
Please return all co	rrespondence concerning this mat	iter to the following:		
	Rodolfo Gonzalez			
		Name of Person		
	RKTAH Fishing LI	LC		
		Firm/Company		
	16990 SW 160 Stre	eet		
		Address		
	Miami, FL. 33187			
		City/State and Zip Code		
	Rudy@hrconmiami.c			
		ss: (to be used for future annual report notification)		
For further informa	tion concerning this matter, please	e call:		
Rodolfo Gonzal	ez	at (305) 898-1036		
Name of Person		Area Code Daytime Telephone Number		
Enclosed is a check	for the following amount:			
□ \$25.00 Filing F	Fee □ \$30.00 Filing Fee & Certificate of Status	✓ \$55.00 Filing Fee & ☐ \$60.00 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 Section		
Division of Corporations		Division of Corporations		
P.O. Box	: 6327	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RKTAH Fishing LLC		FILEN
(Name of the Limited Liabilit	v Company as it now appears on our Limited Liability Company)	r record 2024 SEP - 3
The Articles of Organization for this Limited Liability Corollary	ompany were filed on 4/11/202	record 2024 SEP -3 PM 2: 07 A TALLAHASSEE. FL
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDR	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	Сііу	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>	<u>Name</u>	Address	Type of Action
MGR	David Portal	14001 Old Cutler Road	
		Palmetto Bay, FL. 33158	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
,			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Channa

							
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Fan effective d <u>Note:</u> If the c	te, if other than t ate is listed, the date r date inserted in this ffective date on the	nust be specific and block does not m	cannot be prior to seet the applicab	date of filing or me	ore than 90 days a		
e record speci rd is filed.	ties a delayed effec	tive date, but not	an effective tim	e, at 12:01 a.m. c	on the earlier of:	: (b) The 90th di	ay after the
Dated Augu	ıst 23		2024	<u>.</u> •			
	MA	Mu					
_4	1 /	Signature of a n	nember or authori	zed representative	of a member		
R	odolfo Gonzalez	,					
			Typed or printed				

Filing Fee: \$25.00

COVER LETTER

TO: Registration So Division of Co				
SUBJECT: RKTAH	Fishing LLC			
	Name of Lin	nited Liability Company		
775				
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	Rodolfo Gonzalez			
		Name of Person		
	RKTAH Fishing LLC	>		
		Firm/Company		
	16990 SW 160 Street			
		Address		
	Miami, FL. 33187			
		City/State and Zip Code		
	Rudy@hrconmiami.co	m to be used for future annual report notil	Tention)	
For further information of	oncerning this matter, please c		(Cat((ii))	
Rodolfo Gonzalez		at (305) 898-1036		
Name o	l'Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$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)	
Mailing Addres Registration S		Street Address: Registration Sec	rtion	
Division of C	orporations	Division of Corporations		
P.O. Box 632	7	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314