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TO: Registration S Division of Co					
SUBJECT:	R4 Custors Name of Lie	LLC.			
	f Amendment and fee(s) are su				
Please return all corresp	ondence concerning this matte	r to the following:			
	·	Sustin K. Richards Name of Person			
		Name of Person			
		4 Costons LLC Firm/Company			
		Firm/Company		SI 28	
	1832/	Tolonia Nova		24 J ECR TAI	ma.pt
		1. Talquin Unva		LAL LAL	ة حبكم: النكور
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		City/State and Zip Code		min in i	C
		richards 22@ yahw.com	•	: 24 TAT FL	
For further information of	concerning this matter, please c		acanon)	म	
		ан;			
Justin K	lichards	at (850) 540 Area Code Daytime	4 - 6481		
Name c	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:	,			
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy	
Mailing Addres	<u>s:</u>	Street Address:			

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

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

K4 Custions	s LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24coo 191781</u>	pany were filed on	4/24/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company h	ere:	
The new name must be distinguishable and contain the words "Limited I	.iability Company." the c	lesignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			2024 SE(
			ALC ALC BLASS
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			200
			SSC E
			: 2 FIA:
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our r	ecords, <u>enter the nan</u>	e of the new registered
Education and Control of the Control			
Name of New Registered Agent:	·		
New Registered Office Address:			
	Enter Flor	ida street address	
		Florida	
	Chv		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
Mark	Justin K. Rielards	18321 Talyon Drive Tallahas	FL 313/0
			□Remove
			□Change
			□Add
			□Remove
			— Cange 2024 ↓ SECR↓ TAUI
			2024 JUL 19 AH II: 24 SECRETARYSOF STATE TAULAHASSEE, FL
			—— PGange 22 —— □ Add
			□Remove
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			🗆 Add
			□Remove
			□Change
			□ Add
			□Remove

This Downal is to show Owners Parcentages.	
Tushin K Pichada = 50%	
Justin K. Richards - 80%. Terry L. Richards - 20%	
	SEC
	CRETA TALLAH
	RY OF
	OF STATE

D. If amending any other information, enterchange(s) here: (Attach additional sheets, if necessary.)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

document's effective date on the Department of State's records.

Dated Agr. 1 24th 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

<u>Exhibit C</u>

Members, Membership Interests and Capital Contributions for R4 CUSTOMS LLC (as of April 30, 2024)

Member Name	Membership Interest	Capital Contribution
JUSTIN K. RICHARDS	80%	Financial Contribution; other Contribution; Services and Management
TERRY L. RICHARDS	20%	Financial Contribution; other Contribution; Services and Management

FILED.

2024 JUL 19 MIII: 25

SECRETARY OF STATE TALLAHASSEE, FL