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## **COVER LETTER**

TO: Registration Section Division of Corpor		ņ	•	
SUBJECT: RB J	Name of Limi	ted Liability Company	4 <sup>2</sup>	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Dorca	Portista Name of Person		
		Firm/Company		
	2357 Lai	4781 Blossom Cir Address		
	DOOCE FI	City/State and Zip Code		
-	Dorcabation E-mail address: (t	o be used for future annual report notifi	cation)	
For further information conc	erning this matter, please ca	dl:		
Dorca Batisto Name of Per	rson	at (407) COO -	322 4 Telephone Number	
Enclosed is a check for the fo	ollowing amount:		2024 JUL SECTALL	emus ostal
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filmg: Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:	*:	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

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
ngr	Plaimer Barryeta Labrada	2357 Laurel Blossom air	· DAdd
		000ee F1. 34761	□Remove
			□Change
	Dorca Batista	2357 Laurel Blossom ein	_ 🗆 Add
		000ee F1. 34741	_ ©Remove
			_ Change
			🗆 Add
			□Remove
			Change
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			_ ( <u>P</u> Add <b></b> ]
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		OF STATE	Change
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			CRemove
			_ I Change

Typed or printed name of signee