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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration So Division of Cor			
RJ's The N	umber 2 Crew, LLC		:
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rachei Lochr		
		Name of Person	
	RJ's The Number 2 Crew,	LLC	
	*****	Firm/Company	· · · · · · ·
	1315 S Bea Avenue B		
		Address	
	Inverness, FL 34452		
		City State and Zip Code	
	thenumber2crew/a/proton.n	ne to be used for future annual report noti	A
Lie Suchas information of	concerning this matter, please co		ncation)
	concerning this matter, please co		
Rachel Lochr		954 8921324 at (
Name o	ri Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	otion.
Registration 9 Division of C		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED RJ's The Number 2 Crew, LLC (Name of the Limited Liability Company as it now appears on our reliable PR - 1 PH 2: 30 The Articles of Organization for this Limited Liability Company were filed on March 4th 2023 Company were filed on TALLAHASSEE, FI Florida document number __1.25000108253 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __, Florida ___

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

Title	<u>Name</u>	Address	Type of Action
MGR	Jessica Lochr	2985 N Hooty Point, Inverness, FL 34453	C Add
			URemove
MGR	Rachel Lochi	1315 S Bea Avenue B, Inverness, FL 34452	
			□Remove
			CChange
AMBR	Jessica Loehr	2985 N Hooty Point, Inverness, FL 34453	= Add
			□Remove
			[Change
· — · — –			□ Add
			□Remove
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<u>e:</u> 1 ume	fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be li nt's effective date on the Department of State's records.	aca :
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cord	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	er th
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ed_	14/01/2025 	

Typed or printed name of signee