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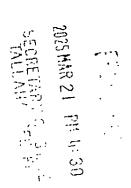
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| TO: Registration Se Division of Cor | | | | | | |
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| | L ESTATE HOLDINGS, LLC | | • | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | | |
| | ROBERT D. DAWSON | | | | | |
| | | Name of Person | <u> </u> | | | |
| | RWR REAL ESTATE HO | OLDINGS, LLC | | | | |
| | -,. | Firm/Company | | | | |
| | 1740 GREYSTONE CT. | | | | | |
| | | Address | 207 Si | | | |
| | LONGWOOD, FL 32779 | | TALL | | | |
| | | City/State and Zip Code | 21 | | | |
| | ROBERT.D.DAWSON@C | | ن الله الله الله الله الله الله الله الل | | | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report not all: | SECRETARY LESS HIS SO | | | |
| CHRISTINE IVIE | , | 908 268-5557 | | | | |
| Name e | of Person | at () Area Code Daytin | ne 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Addres Registration | | <u>Street Address:</u> Registration Sc | ection | | | |
| Division of C | Corporations | Division of Co | Division of Corporations | | | |
| P.O. Box 632 | | The Centre of | | | | |
| Tallahassee. | FL 32314 | 2415 N. Monro | oe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RWR REAL ESTATE HOLDINGS, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ____L07000052196 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 "LLC." 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: ROBERT D. DAWSON Name of New Registered Agent: 1740 GREYSTONE CT. New Registered Office Address: Enter Florida street address . Florida 32779

Zip Code LONGWOOD

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.

Cnv

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> | <u>Address</u> | Type of Action |
|--------------|------------------|--------------------|----------------|
| MGR | KATE S. DAWSON | 1740 GREYSTONE CT. | |
| | | LONGWOOD, FL 32779 | ■Remove |
| | | | □Change |
| MGR | ROBERT D. DAWSON | 1740 GREYSTONE CT. | ■ Add |
| | | LONGWOOD, FL 32779 | □Remove |
| | | | □Change |
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| ote: If the d | e, if other than the te is listed, the date mus ate inserted in this bl fective date on the D | ock does not me | et the applicat | | | | |
| ecord specif is filed. | ies a delayed effectiv | e date, but not a | n effective tim | e, at 12:01 a.m. | on the earlier o | f: (b) The 90th d | ay after the |
| MARC | Н 18 | , | 2025 | _ • | | | |
| | M | A La Care Signature of a mo | | | | | |
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Filing Fee: \$25.00