L23000316498

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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations					
CHDICZT	RSS Capita	d Naples New Town Villas GF	LLC				
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
		ndence concerning this matter	-				
		Sheva Solomon					
			Name of Person				
			Name of Person				
		RSS Capital Naples New T	Fown Villas GP LLC				
			Firm/Company				
		1100 S Northlake Dr					
			Address				
		Hollywood, FL, 33019					
			City/State and Zip Code				
		sharon.solomon115@gmail					
		E-mail address: (to be used for future annual report no	tification)			
For further in	nformation c	oncerning this matter, please c	all;				
Sheva Solon	non		201 9531011 at ()				
	Name o	f Person		ne Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 I		☐ \$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)			
<u>Mailing Address:</u> Registration Section		<u>Street Address:</u> Registration So	ection				
Division of Corporations		Division of Corporations					
), Box 632		The Centre of				
Fal	lahassee, I	11. 54514	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSS Capital Naples New Town Villas GP 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 July 3, 2023 and assigned Florida document number 1.23000316498 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: Sheva Solomon Name of New Registered Agent: 1100 S Northlake Dr. New Registered Office Address: Enter Florida street address Hollywood

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	Raul A Ramirez	1310 Ferdinand St	
		Coral Gables, FL. 33134	■Remove
			□Change
MGR	David Solomon	239 E 79th St, Apt 11G	≣ Add
		New York, NY, 10075	□Remove
			□Change
MGR	Barry Schwarzberg	1375 Gateway Boulevard	
		Boynton Beach, FL, 33426	□Remove
			≡ Change
MGR	Sheva Solomon	1100 S Northlake Dr	□Add
		Hollywood, FL, 33019	
			⊆ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ffective date, if other than th	e date of filin	ıg:			(optional)	
ffective date, if other than the an effective date is listed, the date in Sote: If the date inserted in this	ust be specific and	d cannot be prior	to date of filing o	r more than 90 day	ys after filing.) Pur	suant to 605,0207
locument's effective date on the	Department of :	State's records		inig requiremen	us, uns date wit	not be fisted as
record specifies a delayed effect	ive date, but no	t an effective t	ime, at 12:01 a.r	n, on the earlier	of: (b) The 90	th day after the
d is tiled.						
		2024				
April 17						
April 17		• -	<u> </u>			
Pated April 17		· \	·			
Pated April 17	Signature of a	member or auth	orized representat	ive of a member		

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