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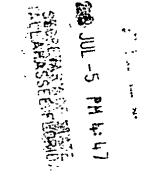
| (Requestor's Name) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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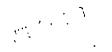
Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|---|--|
| SUBJECT: | RCH MORTGA Name of Lim | IGE FUND V, LLC ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Pete | Name of Person | | |
| | | H Capital, LLC Firm/Company | | |
| | | Hal Ave. Suite 1 | | |
| | S+. | Petersburg FL = | 33701 | |
| | | | | |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: | | | | |
| Name o | f Person | at (<u>727</u>) <u>497-4</u> Area Code Daytime | e Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| \$25,00 Filing Fee | □ \$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) | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



| (A Fiorida I. | inned Liability Company) | | |
|--|-------------------------------|--|-------------|
| The Articles of Organization for this Limited Liability Co. Florida document number | | eember 13, 2012 and as | signed |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limit | ed liability company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the de | esignation "LLC" or the abbreviation "I | LC." |
| Enter new principal offices address, if applicable: | | <u>. </u> | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | | |
| | | | |
| Enter new mailing address if applicables | | | |
| Enter new mailing address, if applicable: | <u>.</u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | our records, enter the name | of the ne |
| | <u></u> | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | ida street address | |
| | | , Florida | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered | Agent: | | |
| I haraby account the approximant as registered agent as | nd agree to act in this c | anacity. I further ourse to com | nly with th |

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, <u>enter the title, name, and address of each person being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|----------------|--|----------------|
| MAR | Ryan S. Rozook | 360 Central Ave., Swite 1220 | ¹_□ Add |
| | • | 360 Central Ave., Swite 1220 St. Petersburg, FL 33701 | L Remove |
| | | | □ Change |
| | | | O Add |
| | | | □ Remove |
| | | | Change |
| <u>_</u> _ | | | |
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| (If an ef <u>Note:</u> | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated | July 1 2019 |
| | Signature of a member or authorized representative of a member |
| | Fred S. Rozock, Jr. |

Page 3 of 3

Filing Fee: \$25.00