14000175747

(Requ	estor's Name)	
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(City/s	State/Zip/Phon	e #)
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COVER LETTER

TO: Registration S Division of Co			
RH PEAR SUBJECT:	L DEVELOPMENT LLC		
30BJEC1:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Carrie Christino		
		Name of Person	 _
	Soho Capital, LLC		
		Firm/Company	
	701 S Howard Ave Ste 10	6-322	
		Address	· ,
	Tampa, FL 33606		
		City/State and Zip Code	
	Carrie@soho-capital.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Carrie Christino		813 557-4901 at ()	
Name o	if Person	Area Code Daytime	Telephone Number
Enclosed is a check for to	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 STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RH PEARL DEVELOPMENT			
(Name of the Li	mited Liability Company a (A Florida Limited Liabi	s it now appears on our records. lity Company))
The Articles of Organization for this Limited Florida document number L14000175747	Liability Company we	re filed on 11/12/2014	and assigned
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if apple (Principal office address MUST BE A STRE	licable:	ompany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	 		ZNISSEP-S AT SECTION AND AND AND AND AND AND AND AND AND AN
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office	address on our records, e	
Name of New Registered Agent:	David Koche		
New Registered Office Address:	601 Bayshore Blvd S	e 700	
	-	Enter Florida street oddress	
	Tampa	, Florid	a 33606
	C	'D'	Zip Code

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, Stenature 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
AGENT	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	
			Remove
			Change
AREP Charles Harper	Charles Harper	100 N TAMPA ST Ste 2700 Tampa, FL 33602	Add
			■ Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
		u	☐ Remove
		·	Change
			Add
			□ Remove
			□ Change

Effective date, if other than the date of filing: (If me effective date is listed, the date must be specific and cunnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated Orio2/2019 Signature of a member or authorized representative of a member Chas Bruck	If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member	Dated	07/02/2019
Signature of a member or authorized representative of a member	•	(Alpro
Chas Bruck		Signature of a member or authorized representative of a member
STIME STATE		Chas Bruck