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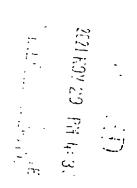
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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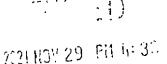
A. BUTLER
DEC 1 4 2021

COVER LETTER

	cision of Cor						
CUDIFOT.	RPV INVE	: ESTMENT PROPERTIES LLC	:				
SOBJECT:		Name of Lin	nited Liability Company				
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return	n all correspo	ondence concerning this matter	to the following:				
		ROBERT VIDAL					
			Name of Person				
			Firm/Company	···			
		5171 NW 159TH ST #A					
			Address				
		MIAMI GARDENS FL 3:					
		THEVIPGROUPFL@GM/	City/State and Zip Code AllCOM				
Dar Curthar i	ntormation a	E-mail address: (concerning this matter, please e	to be used for future annual report no	otification)			
ROBERT V		-					
	Name o	d Person	at () 767-5012 Area Code Dayti	me Telephone Number			
Enclosed is	a check for th	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)			
_			2				
Mailing Address: Registration Section			Street Address: Registration Section				
Di	vision of C	Corporations	Division of Co	orporations			
). Box 632		The Centre of				
Ta	llahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



RPV INVESTMENT PROPERTIES 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 $\frac{06/02/2015}{1}$ _____ and assigned Florida document number ____1.15000096580 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: RPV ENTERPRISE LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Elorida street address

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.

City

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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record Lis file	l specifies a d ed	elayed effect	ive date, but	not an eff	ective time	, at 12:01 a	.m. on the c	arlier of: (b) The 90th	day after the
ated _	NOV 22		1	202	:1					
			MI	•						
			Signature	of a membe	r or authoriz	ed represent	ative of a mo	mber		
	_	///								

Filing Fee: \$25.00