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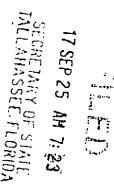
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration Se Division of Cor			•
OTTO TEXT	ļ, RJ	IV LLC	
SUBJECT:	Name of Lim	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:	
	•	LEANDER E HUGHES	
		Name of Person	
·		RJ IV LLC	
		Firm/Company	
	I	1748 NW AVE G	
		Address	· · · · · · · · · · · · · · · · · · ·
	. 1	BELLE GLADE FL 33430	
		City/State and Zip Code	
	rford031256@gmail.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please co	ull:	
LEANDER E HUGHES		561 644-3838 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	-		5 6 0 0 0 0 0
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C	orations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIV		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000149772}{L15000149772}$.	were filed on SEPTEMBER 1, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C "
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r the name of the n
New Registered Office Address:	Enter Florida street address	25
-	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	ORI ORI
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my duties, and I an provided for in Chapter 605, F.S. O	i familiar with and r, if this document is
i If Cha	nging Registered Agent, Signature of New I	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	<u>011</u>
AMBR	ROBERT J FORD	1748 NW AVE 0	G BELLE GLADE	
	; 	FLORIDA 3343		
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ffective date, if other than the da	ate of filing:	(optional)
an effective date is fisted, the date must be ote: If the date inserted in this block	e specific and cannot be prior to date of filing or more t k does not meet the applicable statutory filing rec	nan 90 days after filing.) Pursuant to 605.020 quirements, this date will not be listed a
ocument's effective date on the Depa	artment of State's records.	
	i.	
e record specifies a delayed e The 90th day after the recor	effective date, but not an effective time d is filed.	e, at 12:01 a.m. on the earlier o
ated SGNEMS 2	e ! . 2017 .	
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	gradure of a memoer of audionized representative of a	, memori

Page 3 of 3

Filing Fee: \$25.00