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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE PAYNE LAW GROUP, PLLC

Account Number : 120060000176 Phone : (941) 487-2800

: (941)487-2815 Fax Number

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address: jrosenfeld@lawnav.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **RIT 1954 LLC**

| Certificate of Status | . 0 |
|-----------------------|---------|
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RIT 195 | 54 LLC | |
|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) | |
| | ię | |
| The Articles of Organization for this Limited Liability Company | were filed on March 9, 2017 | and assigned |
| Florida document number L17000054795 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the | e abbreviation "L.L.C." |
| Enter non-mineral offices address if applicables | 4481 Eleuthera Court | |
| Enter new principal offices address, if applicable: | Sarasota, Florida 34233 | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| Enter new mailing address, if applicable: | | |
| • | | |
| (Mailing address MAY BE A POST OFFICE ROX) | | |
| | | |
| B. If amending the registered agent and/or registered of | | ter the name of the new |
| registered agent and/or the new registered office address here | <u>c:</u> | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| • | Enter Florida street address | |
| | , Florida | |
| | City | Zip Code = |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete | ee to act in this capacity. I further performance of my duties, and I a | agree to comply with the im 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

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| AMBR = Authorized Member | | | |
|--------------------------|----------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| an effective date is listed, the date must | date of filing: | (optional) more than 90 days after filing.) Pursua | nt to 605.02 |
| lote: If the date inserted in this blo ocument's effective date on the De | ck does not meet the applicable statutory fil | ing requirements, this date will no | t be listed |
| | ' | | |
| e record specifies a delayed | effective date, but not an effective ord is filed. | e time, at 12:01 a.m. on the | e earlier |
| The 90th day after the reco | | | |
| <i>a</i> 10 | 2017 | \$ * : | · 7 |
| <i>a</i> 10 | 18 a ron m. Ciri | | 17 JU |
| ated <u>7-19</u> | Raron M. Curu Signature of a member or authorized representation | Ve of a member | |
| #icu | haron M. Ciri | LLO ve of a member | 17 Jul 19 1 |

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