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COVER LETTER

Division of Co	rporations		
	PERTY MANAGEMENT, LLC		
SUBJECT:	Name of Limit	cd Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	·
	ALREYAS BAKSH		
		Name of Person	
	RIO PROPERTY MANAC	EMENT, LLC	
		Firm/Company	
	129 LOMBARD CIRCLE		
		Address	
	CLERMONT, FL 34711		
		City/State and Zip Code	
	florida @	Realty a gent · colo be used for future annual report notif	ication)
For further information	concerning this matter, please or		,
ALREYAS BAKSH	-		
Name	e of Person	at ()	c Telephone Number
Enclosed is a check for	the 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:

TO:

Registration Section

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

RIO PROPERTY MANAGEMENT, LLC		
(Name of the Limited Liability (A Florida 1	Company as it now appears on our records. imited Liability Company))
The Articles of Organization for this Limited Liability Co	mpany were filed on AUGUST 1, 2017	and assigned
Florida document number L17000163925		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
		ZAISFEB F. I.I
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		72:
B. If amending the registered agent and/or registered agent and/or the new registered office addresses	ered office address on our records, ess here:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	City	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, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00