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COVER LETTER

TO: Registration So Division of Con			
	NE DEVELOPMENT, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	
The control Autological		the letter	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	BRIAN ROSE		
		Name of Person	
	RHODINE DEVELOPN	MENT, LLC	
		Firm/Company	
	111 S. ARMENIA AVE	.; SUITE 201	
	-3-13	Address	
	TAMPA, FL 33609		
		City/State and Zip Code	
		RPROPERTYGROUP.COM	
Una french an information of		to be used for future annual report notifi	ication)
	concerning this matter, please c		
BRIAN ROSE		813 610-3043 at ()	
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	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 Addres		Street Address: Registration Sec	tion
Division of C		Division of Corp	
P.O. Box 632		The Centre of Ta	
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RHODINE DEVELOPMENT, LLC			
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appointed Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on _	JUNE 29, 2018	and assigned
Florida document number L18000159451	∴		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company	here:	
RHODINE HOLDINGS, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," th	e designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			A D
			10 to
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	 -		1.99
muning united Mill DE 11 COT OF 1 COT OF			
	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter the</u>	name of the new reg
avent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Agent:			
	Enter 1	Florida street address	
Name of New Registered Agent:	Enter i	Florida street address , Florid	aZip Code

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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			□ Remove
			□Change
			2020AY
			DReffiove
			Chapte
			□Remove
			□Add
			□Remove
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t	the date must be specific a	r than the date of filing:	the date must be specific and cannot be prior to date of filing or more th	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	ACCA HASSES TO LONG TO SEE TO LONG T

Filing Fee: \$25.00