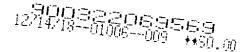


(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 * Tallahassee, Florida 32301 (850) 224-8870 * 1-800-342-8062 * Fax (850) 222-1222

-			
RAM SAN JOSE LLC			
Signature Requested by: SETH Name	12/13/18 Date	Time	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval
Walk-In Thomsoute GA 8/00	Will Pick Up		Courier

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MAILING ADDRESS: 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**

R&M SAN JOSE LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Liability Company v	vere filed on 10/25/2013	8	and assigned
Florida document number L18000251035			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation	on "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	_		
		3	22
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u>. u</u>
			ر. الم
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ecords, enter th	ne name of the ne
registered agent and/or the new registered office address nere.	•	•	
Name of New Registered Agent:	1		
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
New Registered Agent's Signature, if changing Degistered Agents	Ciny [,]		Zip Code

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>	Name R&M San Jose Investors LLC	Address 411 NE 2nd Ave.	Type of Action
AMBR			D Add
		Hallandale Beach, FL 33009	■ Remove
MGR	Or Pando	4870 E. Deer Lake Drive	Change
		Independed to El 30046	≅ Add
		Jacksonville, FL 32246	☐ Remove
			Change
 -			□ Add
			□ R¢move
			Cirange Add
			G. G. Remove
			Change
			□ Remove
			☐ Change
			□ Add
		-	Remove
			□ Change

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Page 3 of 3

Filing Fee: \$25.00