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COVER LETTER

	Registration So Division of Cor			÷
eun ir c		IM PROPERTIES LLC		· •
SOBJEC	.1:	Name of Limit	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please re	turn all correspo	ondence concerning this matter t	o the following:	
		MYRA RABANAL		
			Name of Person	
	Division of Corporations RIVER GUM PROPERTIES LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. se return all correspondence concerning this matter to the following: MYRA RABANAL			
		MPROPERTIES LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: MYRA RABANAL Name of Person YOUR NEVADA CORPORATE SOLUTIONS Firm/Company 6920 S CIMARRON RD STE 100 Address LAS VEGAS, NV 89113 City/State and Zip Code myra@yournevadacpa.com E-mail address: (to be used for future annual report notification) oncerning this matter, please call: TPerson at (
		6920 S CIMARRON RD S	TE 100	
			Address	notification) 4 vtime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		LAS VEGAS, NV 89113		
			City/State and Zip Code	
				
For furth	er information c		TES LLC Name of Limited Liability Company and fee(s) are submitted for filing. ruing this matter to the following: ABANAL Name of Person EVADA CORPORATE SOLUTIONS Firm/Company IMARRON RD STE 100 Address GAS, NV 89113 City/State and Zip Code Innevadacpa.com E-mail address: (to be used for future annual report notification) s matter, please call: at (702 Afea Code 1 369-2504 Area Code Daytime Telephone Number Immount: Filing Fee & Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)	
MYRA I	RABANAL		at (
·	Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed	l is a check for t	he following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration : Division of C P.O. Box 632	Section Corporations	Registration Sec	porations

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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RIVER GUM PROPERTIES (Name of the Limited Liability Comp (A Florida Limited		ur records.)	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000231662</u> .	y were filed on	21	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designa	tion "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	38315 COUNTY RO	AD, 452	
(Principal office address MUST BE A STREET ADDRESS)	LEESBURG, FL 347	788	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office add <u>ress</u> here:	address on our record	ls, <u>enter the name</u>	of the new regis
agent and/or the new registered office address here.			
Name of New Registered Agent:			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Ester Florida xv	reet oddress	
<u> </u>	Enter Florida str		
•	Enter Florida str City	vet address , Florida	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	Address	Type of Action
AMBR	NEIL BRADSHAW	6920 S CIMARRON RD STE 100	⊟ ∧dd
		LAS VEGAS, NV 89113	□Remove
			Change
			□Remove
			Change
			DAdd
			□Remove
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Effective date, if other than the difference of the class must be a self-cut of the date must be a self-cut of the date inserted in this block document's effective date on the Dep	e specific and cannot be prior to date of f k does not meet the applicable statut	(optional) ling or more than 90 days after filing.) Pursuant to 6 ory filing requirements, this date will not be b	505.0207 isted as
record specifies a delayed effective	late, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day a	fler the
d is filed.			
SEPTEMBER 21	2021		
	2021		

Filing Fee: \$25.00