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| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | _ Certificates | of Status | | |
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| TO: Registration So Division of Cor | | | | | |
|---|---|---|--|--|--|
| RM FERNANDEZ HOLDINGS. LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | ALEX ESPENKOTTER, ESQ. | | | | |
| | Name of Person | | | | |
| HELLER ESPENKOTTER, PLLC | | | | | |
| | Firm/Company | | | | |
| | 2701 PONCE DE LEON BOULEVARD, SUITE 301 | | | | |
| | | Address | | | |
| | CORAL GABLES, FLOR | IDA 33134 | | | |
| | | City/State and Zip Code | | | |
| | ALEX@HELLERLAWGR | | • /• | | |
| For further information of | e-mail address: (concerning this matter, please c | to be used for future annual report not all: | incation) | | |
| ALEX ESPENKOTTER | | 305 777-3765 | | | |
| Name o | Name of Person Area Code Daytime Telephone Numb | | ne 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 Address | | Street Address: | nation | | |
| Registration Section Division of Corporations | | _ | Registration Section Division of Corporations | | |
| P.O. Box 6327 | | The Centre of | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RM FERNANDEZ HOLDINGS, LLC

2019 DEC 16 PH 1:18

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Co | mpany were filed on NOVEMBER 18 2019 | and assigned |
|--|---|----------------------------|
| Florida document number L19000286906 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| RM FERNANDEZ PROPERTY HOLDINGS, LLC | | |
| 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 ADDRE | ESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, enter the | name of the new registered |
| agent and/or the new registered office address nere. | | |
| Name of New Registered Agent: | | |
| - Name of frew registered regent. | | |
| New Registered Office Address: | Enter Florida street address | |
| | rmer Furnai sireei aairess | |
| | , Florid | a Zip Code |
| | Cuy | гір Соне |

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> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated DECEMBER 11 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee

ALEX ESPENKOTTER, ESQ.