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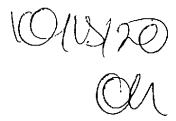
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TO: Registration Se Division of Cor	
SUBJECT:N q v <	ong Home buters THE GP #7 LL
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	MEIR TENENBAUM
	Name of Person
	National Home butters GP #7 LLC
	Firm/Company
	9600 NW 25th 57 Doll fl Address
	Dorat , FL , 33172 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
Une first in information of	oncerning this matter, please call:
- nor lutinet information e	
ror further information co	
M e.r	at (305) 721 - 7408

☐ \$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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

National Home							17111 · 2 ·	
(Name of the Lim	ited Liability Co (A Florida Lim	impany as ited Liabili	it now app ty Compan	y)	TALL	TARY C AHASS	F STATE	-
The Articles of Organization for this Limited I	Liability Comp	any were	filed on	02/0	7/2020		and assig	ned
lorida document number <u>L20000 45</u>	<u>636 </u>							
his amendment is submitted to amend the fol	lowing:							
A. If amending name, enter the new name	of the limited	liability (company	here:				
he new name must be distinguishable and contain the	words "Limited I	_iability Co	nipany," th	e designation	on "LLC" or th	ne abbrevi	ation "L.L.(C."
Enter new principal offices address, if appli	cable:	<u>4</u>	600	NW	251n S	5T) .	Sote	3 €
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	1 0	<u>(12) 3</u>	3 <u>i 72</u>				
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		340 1 3140	/. <u>M:</u>	cm 6 an	Ave	Minn	Bence
3. If amending the registered agent and/or gent and/or the new registered office address.		ice addre	ess on out	r records	, enter the r	iame of	the new 1	<u>egister</u>
Name of New Registered Agent:								
New Registered Office Address:	<u>9600</u>	NW	25 111 Enter 1	ST Florida stree	Dorn),	33 172	<u>.</u>	<u>.tc_3</u>
	Dac	al	Biller 1	10/104 31/00	Florida	3}	172	
	الالوا	· 1			. rmriax			

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 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
MGR	RIVX INVESTMENTS LLC	5503 NW 72nd Ave	□Add
		Mi ani, f1, 33166	XRemove
			□Change
			□Add
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			Change

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red 0/51/2020	ated 8/31/2020		·		
med		med			
Signature of a member or authorized representative of a member	 ·	Signature of a member or as	uthorized representative of	a member	
MEIR FENENBAUM Typed or printed name of signee		METR F	= 0/ = a/ O ALLA		

E::: E #35.04