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COVER LETTER

	egistration Se vision of Cor			
		NT LLC		•
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	RVESTMENT LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. The mall correspondence concerning this matter to the following: Robert Reich Name of Person RVESTMENT LLC Firm/Company 15302 Strathcarn Dr. Address Delray Beach, FL 33446 City/State and Zip Code rvestment@gmail.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: ch Name of Person Name of Person Daytime Telephone Number at a check for the following amount:			
Please retur	m all correspo	ndence concerning this matter	to the following:	
		Robert Reich		
			Name of Person	
		RVESTMENT LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		15302 Strathcam Dr.		
			Address	
		Delray Beach, FL 33446		
			City/State and Zip Code	
		- -		
0 1			·	tification)
For further	information c	oncerning this matter, please c	all:	
Robert Rei	ch			
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	ailing Addres		Street Address: Registration S	ection
D	ivision of C	orporations	Division of Co	orporations
	.O. Box 632 allahassee, I		The Centre of 2415 N. Monre	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE S

RVESTMENT LLC		3
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/08/2020	and assigned
Florida document number L20000280282		39
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		.,
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		21.
	, Flor	Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	Ronnie Reich	15302 Strathearn Dr #11305	Add
		Delray Beach, FL 33446	□Remove
			□Change
·			□Remove
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Signature of a member or authorized representative of a member						
Signature of a member or authorized representative of a member	s filed.	h	, 2020			
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