L21000112144

(Requ	estor's Name)	······································
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COVER LETTER

CUD IPOT	. RVR RE	EAL ESTATE LLC	
SUBJECT:	Name of Lin	nited 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:	
		LOVETTE DOBSON	
	Firm/Company 17350 STATE HWY 249, #220 Address HOUSTON, TX, 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: LOVETTE DOBSON at (
		Firm/Company	
	1	7350 STATE HWY 249, #220	
		Address	
		HOUSTON, TX, 77064	
		·	
		•	otification)
For further information c			otunony
LOVETTE	DOBSON		453
Name o	f Person		ime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			Section
-		_	
P.O. Box 632	7	The Centre of	Tallahassee
Lallahassee.	L 32314	2415 N. Monr	oe Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RV	'R REAL ESTATE LLC	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L21000112144	Company were filed on 03/09/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
CAMBRY LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADD	RESS)	2 8 TI
Enter new mailing address, if applicable:	ASSET OF COLUMN ASSET OF COLUM	
(Mailing address MAY BE A POST OFFICE BOX)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name	e of the new registered
Name of New Registered Agent:		
Now Posistand Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I am fo igent as provided for in Chapter 605, F.S. Or, i ed office address, I hereby confirm that the lim	amiliar with and if this document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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If amending any other info	mation, enter change(s)			y necessury.)	
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cannot be s block does not meet the a	e prior to date of til applicable statuto	ing or more than 90 da		
e record specifies a delayed efferd is filed.	ctive date, but not an effect	ive time, at 12:0	l a.m. on the earlier	of: (b) The 90th day	after the
October, 05 Dated	, 2021	·	^		
	Signature of a member of	nio 6	ambry	<u></u>	_
	Signature of a member of	r autnorized repres	entative of 2 member		
	Val	ldinio Cambry			