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COVER LETTER

TO: Registration S Division of C			
	RVE CAPITAL LLC		
SUBJECT:	Name of Limi	ted Liability Company	
		wine 4 for a Given	
	of Amendment and fee(s) are sub-		
Please return all corres	pondence concerning this matter	to the following:	
	JOAO PEDRO VOLZ		
		Name of Person	
	VDT CORPORATE SERV	/ICES LLC	
		Firm/Company	202
	150 SE 2ND AVE SUITE	905	2021 MAR
		Address	the state of the s
	MIAMI, FL 33131		
		City/State and Zip Code	
	INCORPORATION@SAI		.,
en e de la Caracacacacacacacacacacacacacacacacacaca		to be used for future annual report notif	icadotti
For further information	n concerning this matter, please c		
JOAO PEDRO VOLZ	<u> </u>	at ()	
Nam	e of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Div P.O	ALING ADDRESS: istration Section ision of Corporations Box 6327 lahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RDP VERVE CAPITAL LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Conforda document number L21000123836	1 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
Enter new principal othices address, it applicable. (Principal office address MUST BE A STREET ADDRE.	(22)	221 221 231 231 231 231 231
Trincipul office unuress MOST DE ASTREET ADDRES		ြို့ ပ

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- <u> </u>
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre Name of New Registered Agent:	ss here:	
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stre	et address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and consecept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dient as provided for in Chapte	ities, and I am familiar with and er 605, F.S. Or, if this document is
	If Changing Registered Agent, Si	gunture 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

17863455904

<u>Title</u>	Name	Address	Type of Action
MGR	MARCELO G. FRANCO	120 NW 25TH ST UNIT 301	
		MIAMI, FL 33127	☐ Remove
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. Effectiv	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prior to date of filing or more than 90 days after filing.)	ursuant to 605	5.02 07 (3 Yb
Note: 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date wint's effective date on the Department of State's records.	ll not be list	ed as the
the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earli	er of:
Datad	March 31st 2021		
Dated _			
	Signature of a member or mutherized representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00