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COVER LETTER

TO:	Registration Se Division of Cor			
0410 411		RCJ PROPERT	Y INVESTMENTS LLC	
SUBJE	CT:	Name of Lin	nited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
			HECTOR R JACOME	
			Name of Person	
			Firm/Company	
			1508 OAK MARSH LP	
			Address	
		DAVE	NPORT, FLORIDA 33837	
			City/State and Zip Code	
			armona.ea@gmail.com to be used for future annual report	notification)
For furth	ner information co	oncerning this matter, please c		
HECTOR R JACOME		954 at ()	326-1783	
Name of Person		Area Code Day	etime Telephone Number	
Enclosed	d is a check for th	ne following amount:		
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section			<u>Street Address</u> Registration	
Division of Corporations			Division of C	Corporations
	P.O. Box 632 Tallahassee, F			of Tallahassee nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RCJ PROPERTY INVES		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on05/10/2021	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	ù	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	-	
New Registered Office Address:	Enter Florida street address	
	Floric	la Zip Code
	*****	24. 6

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>	<u>Name</u>	Address	Type of Action
AMBR	JACOME, HECTOR R	1508 OAK MARSH LP	□Add
		DAVENPORT, FL 33837	□Remove
			≡ Change
			□Remove
			☐ Change
			□Add
			□Remove
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·····			□Add
			□Remove
			☐ □Remove
			□Chänge
			□ Remove □ Chinge □ Add
			Remove
			□Change

FROM	MGR (MANAGER) IN	TO AMBR	(AUTHORIZ	ED MEMBER	C).			
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	te, if other than the da		g:	0/2021		(optiona		
If the	date is listed, the date must be date inserted in this block	does not n	neet the applic	able statutory				
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