## Pioriela Department offState Division of Corporations Electronic Films Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RAFAEL ACCOUNTING TAX

Account Number : I201300000095 Phone : (305)558-1685 Fax Number : (305)558-4835

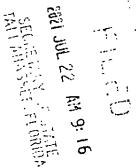
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

ROUEN RESIDENTIAL LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00



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Corporate Filing Menu

Help 2

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROUEN RESIDENTIAL LEC		_ <u></u>
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.)	
<b>,</b> ,		•
The Articles of Organization for this Limited Liability Company were filed on	05/24/2021	and assigned
Florida document numberL21000242436		•
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," if	he designation "LLC" or the	a abbreviation "L.L.C."
The new dame made to distinguishable that commit and world. Million Statistics Company,		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
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Enter new malling address, if applicable:		<u> </u>
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(Mailing address MAY BE A POST OFFICE BOX)		92-1
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B. If amending the registered agent and/or registered office address on ou	ir records, enter the n	ame of the new registered
agent and/or the new registered office address here:		RIGHT TO
		·
Name of New Registered Agent:		
New Registered Office Address:	Florida street address	
Cin	, Florida	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 affice 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

Title	Name	Address	Type of Action
MGR	RIVER BIRCH CAPITAL HOLDINGS LLC	13701 SW 88TH ST, SUITE 222	
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			□Add
			□Remove
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	<u> </u>		
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Dated	July 19	_ <del></del>	<u></u>	2(	021	1	15	l				
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