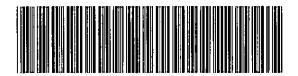
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COVER LETTER

TO: Registration Section Division of Corporations					
CITO REZER.	HO PROPERTIES INVESTMENT	r, elc			
SUBJECT:	Name of Lir	nited Liability Company	 		
The enclosed Article	s of Amendment and fee(s) are sul	omitted for filing.			
Please return all corre	espondence concerning this matter	r to the following:			
	JAMES B. RHODEN				
		Name of Person	,		
JAMRHO PROPERTIES INVESTMENT, LLC					
Firm/Company					
3234 KLAYS COURT Address					
		City/State and Zip Code			
	JAMESRHODEN8@GM/				
	E-mail address:	(to be used for future annual report	notification)		
For further information	on concerning this matter, please of	rall:			
JAMES B. RHODES	4	713 679-3708	\$		
Nar	me of Person	Area Code Day	rtime Telephone Number		
Enclosed is a check f	or the following amount:				
■ \$25.00 Filing Fee	e S30.00 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 Add		Street Address	_		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAMRHO PROPERTIES INVESMENT, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 7, 2021 and assigned Florida document number 121000262638 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JAMRHO PROPERTIES INVESTMENT, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 150

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.

City

Enter Florida street address

_, Florida

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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Change
	 		□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ 2021 Signature of a member or authorized representative of a member JAMES B. RHODEN Typed or printed name of signee

Filing Fee: \$25.00