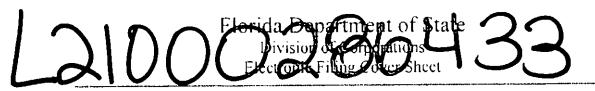
6/24/2021

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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RJ SUNSET GROUP, LLC	

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Help

company has been notified in writing of this change.

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2021-06-24 10:47:45 CST

RI SUNSET GROUP, LLC			
(Name of the Limited Liability Compa (A Florida Limited	inv us it now appears on our i Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number L21000286433 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab		and assign	ed
The new name must be distinguishable and contain the words "Limited Liabi		n "11.6" or the abbreviation "1.1.0"	
	7165 SW 47th Street	i pice di ini dopi di ini ini	
Enter new principal offices address, if applicable:	Suite 320		
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33129		
The annual time address of applicables	7155 SW 47th Street	SECRE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 320	45. A. N.	
Containing Guaress SIAT BEATOST OF TICE BOXY	Miami, Fl 33129		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, g	enter the name of the new 25	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to nurrely reflect a change in the registered office	ree to act in this capacity performance of my duti provided for in Chapter	ies, and Lam familiar with a 605, F.S. Or, if this docume	<i>ગાત</i>

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:

From: Ranae McGraw

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	1031 Exchange Services, LLC	341 Micklers Road	□ Add
		St. Augustine, Fl 32080	≣Remove
		ه الدين والله الدين الدين الدين الدين المستقدمة المارية والمستقد المارية المستقدمة المارية المستقدمة المستقدمة	☐ Change
MGR	RUBEN F. GONZALEZ	7165 SW 47th Street	∰Add
		Suite 320	□Remove
		Miami, Fl 33129	🗆 Change
MGR	JOHN JAIRO OBANDO	7165 SW 47th Street	■Add
		Strite 320	□Remove
		Miami, Ft 33129	☐ Change
			□Add
			⊡Remove
			Change
			DAdd
			□Remove
			□ Change
			bbACI
			⊡Remove
			□Change

From Ranae McGraw

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, i)	necessary.)
		2021 Silc
		<u>&</u>
		<u> </u>
		S: 25
		<u> </u>
Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of filing or more than 90 day is block does not meet the applicable statutory filing requirement the Department of State's records.	(optional) is after tiling.) Pursuum: to 605.0207 (3)(b) is, this date will not be listed as the
If the record specifies a delayed efforcered is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated JUNE 18	2021	
	DODE ATTION	zão Representative
	Signature of a member or authorized representative of a member	,
LINDA ROTH, Au	thorized Representative	

Typed or printed name of signer