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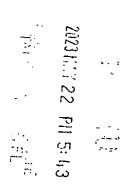
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(Address)
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Exortule of

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MR RIU 18	23 LLC
SUBJECT: Maine	e of Limited Liability Company
The enclosed Articles of Amendment and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Lpurcau	K K A K J W
,,,,,	Name of Person
herm	1823
	Firm/Company
21561	Firm/Company Address
	Address
Boco R	City/State and Zip Code
<u> </u>	City/State and Zip Code
Lpr-7 Bg	ddress: (to be used for future annual report notification)
For further information concerning this matter, p	
1 @ U cine Knokiu	at (30) Area Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate of St	
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahaceaa El 32314	2415 N. Monroe Street, Suite \$10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	•	
mph10- 182	,) ((Same
		2023 HAY 22 PH 5: 43
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appear (iability Company)	
(, , , , , , , , , , , , , , , , , , ,		a) la Alle Es ME
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number 21000352087		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company he	ere:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the de	esignation "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)		
intuining augress with DE 111 OF OTTICE BOTH		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our re	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flore	ridu street address

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.

Citv

, 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>		Address	Type of Action
M62	FBN 15-W	KrokoW	21=66 N.B. Lp	□Add
			BICP 12+11 F) 33433	Remove
				□Change
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F Effectiv	re date, if other than the date of filing: (optional)
(If an effec	tive 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 (2
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that is effective date on the Department of State's records.
If the record record is file	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 d.
	·
Dated _	5/12/23
	Signature of a member or authorized representative of a member

Typed or printed name of signee