Division of Corporations

11/16/22, 3:51 PM

Florida Department of State Division of Companions Electionic Filing/Cover

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| To: | | E E |
| 10. | Division of Corporations | S ⁻ |
| | Fax Number : (850)617-6383 | |
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| From: | | महा |
| | Account Name : H & CO, LLP | الجغ ا |
| | Account Number : I20150000089 | لب |
| | Phone : (305)444-8800 | |
| | Fax Number : (305)444-4010 | |

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

Email Address: ____cayon@hcoadvisors.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROPERTY RPC GROUP LLC

| | Certificate of Status | 0 |
|---------|-----------------------|---------|
| 0 0- | Certified Copy | 0 |
| C. BRUN | Place Count | 03 |
| | Fatimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| PROPERTY RPC GROUP LLC | | |
|--|---|-----------------------------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our re Liability Company) | cords.) |
| : The Articles of Organization for this Limited Liability Company | were filed on 12/13/2021 | and assigned |
| Florida document number L21000523615 | | |
| This amendment is submitted to amend the following: | | FIL 2022 NOV 16 SEGRETARY |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | AS 6 |
| The new name must be distinguishable and contain the words "Limited Linbi | lity Company," the designation " | LLC" or the abbreviation "L.L.C." |
| : Enter new principal offices address, if applicable: | 3543 NW 35th Street | D SIN |
| (Principal office address MUST BE A STREET ADDRESS) | Miami, FL 33142 | નાં હૈ |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | 350 East Las Olas Blvd Sui Fort Lauderdale, FL 33301 | |
| Manning databets MAY DE A 1 031 Of FICE DOM | | |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here | | ords, enter the name of the ne |
| Name of New Registered Agent: | | |
| N | | |
| New Registered Office Address: | Enter Florida street adi | dess |
| | ASSECT A TOO SHOULD SHOULD EAST | P-14 |
| | | Florida |
| | City | 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 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 = N $AMBR = N$ | Anager Authorized Member | | |
|---------------------------------------|-----------------------------|---------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| ffective date, if other than the | date of filing: | | (optional) 0 days after filing.) Pursuant to 605.020 |
| an effective date is listed, the date mu lote: If the date inserted in this b | it be specific and cannot be prior to ock does not meet the applicab | date of filing or more than 9 le statutory filing require | 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a |
| ocument's effective date on the D | epartment of State's records. | , , | |
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| | | an effective time, at | 12:01 a.m. on the earlier |
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