



Office Use Only



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## **COVER LETTER**

	Registration Se Division of Cor					
SHD IEZ		RWILRENTAL PROPERTIES, LLC				
SUBJEC	-1: <u> </u>	Name of Limited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		RYAN HENDERSON				
	Name of Person					
		RWH RENTAL PROPER	TIES, LLC			
	Firm/Company					
	DESTIN, FL 32541  City/State and Zip Code					
		RWHCORPORATION@G				
For furth	er information e	e-mail address: (	to be used for future annual report no all:	otification)		
RYAN I	IENDERSON		936 697-3837			
•	Name o	f Person		ime Telephone Number		
Enclosed	l is a check for th	ne following amount:				
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	Section			
Division of Corporations			Division of Corporations			
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## RWH RENTAL PROPERTIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	a 03/08/22		
The Articles of Organization for this Limited Liability Company	were filed on obvoice	and assigned	
Florida document number 1.22000096195			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
RWH COMPANIES, LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	oreviation "L.L.C."	
Enter new principal offices address, if applicable:	15400 EMERALD COAST PKWY		
(Principal office address MUST BE A STREET ADDRESS)	UNIT 704		
	DESTIN, FL 32541		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
agent and/or the new registered office address here:  Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address	2 <u>0</u> :	
		2674	
	. Florida	2624	
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	City	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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	City  ee to act in this capacity. I further agr performance of my duties, and I am for	ree to comply with amiliar with and if this Adcument is	

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
<u></u>			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			①Add
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ll an el No <u>te:</u>	ive date, if other than the date of filing: 25 MAR 2024. (optional)  Tective 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 6.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af iled.
Dated	28 MAR 2524 , 20R4
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00