L22000 200845

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PALLAHASSEE, FLORIDA

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AUG 2 2022 S. PRATHER

COVER LETTER

HOBE SO	OUND END CAPILLC		
	Name of Lir	mited Liability Company	
The enclosed Articles o	f Amendment and finite) are col	boottant for Glina	
		<u>.</u>	
	OLIVER R. GRACE JR.	_	
		Name of Person	
	Address PALM BEACH FL 33480 City/State and Zip Code RSFIELD@GMAHL.COM E-mail address: (to be used for future annual report notification) In other for the following amouns: It check for the following amouns: Fitting Fee Certificate of Status City/State and Zip Code RSFIELD@GMAHL.COM E-mail address: (to be used for future annual report notification) It check for the following amouns: Fitting Fee Certificate of Status Certificate of Status Registration Section rision of Corporations Bitter Address: Registration Section rision of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee		
	241 BRADLEY PLACE		
		Address	
	PALM BEACH FL 3348	0	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
For further information c		•	tification)
ROBERT FIELD		561 459-2770	
Name o	d Person	Area Code Daytir	ne Telephone Number
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-			
P.O. Box 632	7	The Centre of	Fallahassee
Tallahassee, I	PL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· ·	,	
HOBE SOUND END CAP LLC		27 27 88E
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
		1.08 1.08 2.5
The Articles of Organization for this Limited Liability Compan	y were filed on 04/27/2022	TOPERATE STATES
Florida document number L22000200845		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company herg:	
REALTY VALUE INVESTORS LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	obreviation "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)		
Andring duaress MAT DE ATOST OFFICE BOAT		
B. If amending the registered agent and/or registered office	address on our records, enter the nam	<u>ie of the new registered</u>
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida 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.

City

, Flo<mark>rida _</mark>

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
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Effective date, if other than the fan effective date is listed, the date in Note: If the date inserted in this document's effective date on the erecord specifies a delayed effected is filed.	block does not meet the Department of State's re	applicable statutory ecords.	filing requirements, th	is date will not be list	ted as th
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Dated MAY 20	. 2022	·			- 2022 MAY 27
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K.L.		1 .			
_ Un_	Signature of a member i	or authorized represent	ative of a member	·····································	Y 27 PH

Filing Fee: \$25.00