Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Fax: 15614653137

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LERRO & CHANDROSS PLLC

Account Number : I20040000118 Phone : (561)995-0064 : (561)995-7551 Fax Number

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREATING RS PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
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i: Melissa Casanova — F	ax: 15614653137 To: 850617	76383@rctax.com Fax: (850) 617-6383	Page: 3 of 6	08/08/2022 4:21 P
		COVER LETTER	,	,
TO: Registration Division of C	Section . Corporations	(((H220002642643)))	•	` :
endinger. Creati	ng RS Properties, LLC			
SUBJECT:	Name of L	imited Liability Company		
The anclosed Articles	of Amendment and fee(s) are s	submitted for filing		
	spondence concerning this matt			
	Victor Lerro			
		Name of Person		
	Lerro & Chandr	oss, PLLC		
		Firm/Company		
	1499 W Palmetto	Park Rd Ste 107		
		Address		
	Boca Raton, FL 3	3486		
		City/State and Zip Code		
	mcasanova@vcpa.	COM s: (to be used for future annual report notifica	tion)	
			(ION)	
For further information	on concerning this matter, pleas	e call:		
Victor Lerro		at (561) 995-0064 Daytime To		
	ne of Person	Area Code Daytime To	elephone Number	
Enclosed is a check for	or the following amount:			
S25.00 Filing Fee S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop	f Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From: Melissa Casanova

Fax: 15614653137

To: 8506176383@rctax.com Fax: (850) 617-6383

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

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liability Company were filed	07/19/2022	and assigned
on Florida document number <u>1.22000320449</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	<u>y here</u> :	
RS Real Properties, LLC		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Liability Company,"	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u> ,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address on or agent and/or the new registered office address here:	ir records, <u>enter the na</u>	nme of the new register
	ir records, <u>enter the na</u>	ime of the new register
agent and/or the new registered office address here: Name of New Registered Agent:	ir records, <u>enter the na</u>	ime of the new register
Name of New Registered Agent: New Registered Office Address:	Florida street address	
New Registered Office Address: New Registered Office Address:	Florida street address	
New Registered Office Address: New Registered Office Address:	Florida street address	Tip Code
Name of New Registered Agent: New Registered Office Address: Enter	Florida street address	

If Changing Registered Agent, Signature of New Registered Agent

From: Melissa Casanova

Fax: 15614653137

To: 8506176383@rctax.com Fax: (850) 617-6383

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR =	Manager	
AMBR =	Authorized	Member

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐Change
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			□Add
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			□Change
			□Add
			□Remove
			□Chanae

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. 11 810	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an el Note:	tive date, if other than the date of filing: (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
the 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 after the iled.
Dated	July 29th
	Signature of a thember or authorized representative of a member
	Victor Lerro, Atty in Fact Typed or printed name of signee