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COVER LETTER

TO:

Registration Section

Tallahassee. FL 32314

Division of Cor	rporations				
	PERTIES LENDER LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JASON EVANS, ESQ.				
		Name of Person			
		Name of Person			
	EVANS LAW				
		Firm/Company			
	2300 NW CORPORATE E	BLVD., SUITE 215			2
		Address			5
	BOCA RATON, FL 33431				7
	JASON@EVANSLAWFL.	City/State and Zip Code		SECKETALY OF STATE TALLARY OSEE, FL	r r
		to be used for future annual report noti	tication)		S
For further information of	concerning this matter, please ca	all:			
JASON EVANS		561 832-8288			
Name o	of Person	at () Area Code Daytim	e Telephone Number	_	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & oy	
Mailing Addre Registration Division of O	Section	<u>Street Address:</u> Registration Se Division of Co			
P.O. Box 632	•	The Centre of T	-		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RCF PROPERTIES LENDER LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our real Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability C	Company were filed on 9/15/2022	and assigne
lorida document number L22000403219	<u>_</u> :	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	
Enter new principal offices address, if applicable:)22 Fo
Principal office address MUST BE A STREET ADDI	RESS)	F. 6 17
Enter new mailing address, if applicable:		Fig. 2
Mailing address MAY BE A POST OFFICE BOX)		26
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new re
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida street a	ddress
		_, 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 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
MBR	MICHAELA PODOLSKY	4184 NW BRIARCLIFF CIRCLE	= Add
		BOCA RATON, FL 33496	□Remove
			□Change
			□Add
		.	□Remove
			□ Change
			SECRETORY TO A SECRET
			7 Amage 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
			☐ Remove
			□Change
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			□ Chango

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Filing Fee: \$25.00