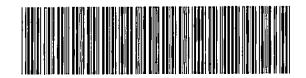
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(Requestor's Name)
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COVER LETTER

Ryze Comm	nunities Sales LLC				
	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	-			
Please return all correspo	ndence concerning this matter	to the following:			
	Jessica Schneider				
		Name of Person		-	
	Ryze Communities Sales	LLC			
		Firm/Company	 	-	
	338 Jericho Turnpike, Sui	te 326		F9 69	
		Address		2623 KAY	ر سنت
	Syosset, New York 11791			9-1	
	jessica@ryzecommunities.c	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	ication)	1 1 1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71
For further information co	oncerning this matter, please c	all:			
Jessica Schneider		718 551-6963 at ()			
Name of	f Person	Area Code Daytime	Telephone Number	r	
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.90 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Address	s:	Street Address:			

TO:

Registration Section **Division of Corporations**

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RYZE COMMUNITIES SALES LLC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number	FEBRUARY 14, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
	A in the MIC of the Albertain MIC of the MIC
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	21
Principal office address MUST BE A STREET ADDRESS)	
	. 15
	. —
Enter new mailing address, if applicable:	ω
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	in o
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Enter F	orida 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	COREY CLARKSTON	4515 120TH STREET	= Add
		JACKSONVILLE, FLORIDA 32244	□Remove
			□ Change
			🗆 Add
		<u> </u>	□Remove
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Effective date, if other than the	e date of filing:		(optiona	.D	
Iffective date, if other than the fan effective date is listed, the date mu. Note: If the date inserted in this bl	st be specific and cannot be prior	to date of filing or more	than 90 days after filir	ig.) Pursua	int to 605.0207
locument's effective date on the D			quirements, tim su		, or made an
	/e date, but not an effective to	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th	day after the
record specifies a delayed effectived is filed.) j
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d is filed.	2023	<u> </u>			E TAY
d is filed.	$\frac{2023}{\sqrt{1 + 6 \alpha}}$				6- AVH 82ur
d is filed.	2023 Multiple Signature of a member of authority	-· Alide	member		