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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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

Email Address: Corporate@comitersinger.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RAHJ BIMINI SQUARE, LLC

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T. LEMUX

COVER LETTER

TO:	Registration Se Division of Cor		
		ini Square, LLC	
SUBJE	СТ:	Name of Lim	ited Liability Company
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.
Please 70	eturn all correspo	ondence concerning this matter	to the following:
		Richard B. Comiter, Esq.	
			Name of Person
		Comiter, Singer, Baseman	& Braun, LLP
			Firm Company
		3825 PGA Blvd., Suite 70	l
			Address
		Palm Beach Gardens, FL 3	3410
			City/State and Zip Code
		corporate@comitersinger.co	om to be used for future annual report notification)
For furt	her information o	encerning this matter, please co	·
Alex Ti	rado		561 626-2101
	Name o	of Person	at () Area Code Daytime Telephone Number
Enclose	d is a check for t	he following amount:	
□ \$ 25	.00 Filing Fee		■ \$55.00 Filing Fee &: □ \$60.00 Filing Fee, Certified Copy Certificate of Status &: Certified Copy (additional copy is enclosed)
	Meiling Address Registration Division of C P.O. Box 632 Tailahassee,	Section Corporations 27	Street Address: 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

	Comment of the same and a same and a same as		
(A Florida Li	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con	npany were filed on March 21, 20703	and as	signed
Florida document numberL23000130817			
This amendment is submitted to amend the following:			
4. If amending name, enter the new name of the limite	d liability company here:		
RAHJ Investments Birnini Square, LLC			
he new name must be distinguishable and contain the words "I imited	d Liability Company," the designation "LLC" or the	abbreviation "l	lC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	·SS/		
Enter new malling address, if applicable:			
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Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Mailing address MAY BE A POST OFFICE BOX)			202
(Mailing address MAY BE A POST OFFICE BOX)	office address on our records, enter the na	me of the ne	2 m 23 m
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	office address on our records, <u>enter the na</u>	me of the ne	2823
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	office address on our records, enter the na	me of the ne	w regi
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	office address on our records, <u>enter the na</u>	me of the ne	W TERM
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of sent and/or the new registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the na</u>	me of the ne	w regi
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here:		me of the ne	M LESI
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	office address on our records, <u>enter the pa</u> Enter Florida street address	me of the ne	23 EST - PH 2: 2
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		me of the ne	23 FP - 1 PH 2: 20

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 affice 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

Title	<u>Name</u>	Address	Type of Action
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			CRemove
			□ Change
			□Remove
			Change
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fective date, if other than the di n effective date is listed, the date must b ster. If the date inserted in this block cument's effective date on the Dep	te of filing: (optional) specific and exercit he prior to date of filing or more than 90 days after filing.) Pursuant to 6 does not meet the applicable statutory filing requirements, this date will not be i rtment of State's records.	i05.020 isted a
cord specifies a delayed effective of tiled.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day at	fter the
ted	2023	
		
	nature of a member or authorized representative of a member	