L23000255258

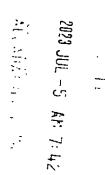
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations		
	R HOLDINGS LLC		
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	S	C	
	Amy Marie Vo, Esq.		
		Name of Person	
	St. Johns Law Group		
		Firm/Company	· - ·
	104 Sea Grove Main Stree	t	
		Address	
	St. Augustine, Florida 320	80	
		City/State and Zip Code	
	avo@sjlawgroup.com		
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Amy Marie Vo, Esq.		904 495-0400 at ()	
Name o	of Person		ne 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)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration		Registration Section	
Division of C P.O. Box 632	•	Division of Co	-
F.O. DOX 032	<i>L1</i>	The Centre of	i ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2000

SHPALTER HOLDINGS LLC		2023 JUL -5	¼ ₩ 7.1.
(Name of the Limited Lia (A Flo	ability Company as it now ap orida Limited Liability Compa	pears on our records.	
		ALL AHENER	,
The Articles of Organization for this Limited Liabilit	y Company were filed on	5/24/2023	and assigned
Florida document number L23000255258	<u></u> .		
This amendment is submitted to amend the following	; :		
A. If amending name, enter the new name of the	limited liability compan	v here:	
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 AD	ODRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on ou	ir records, enter the	e name of the new register
igent and/or the new registered office address her		•	
Name of New Registered Agent:		 -	
New Registered Office Address:			
	Enter	Florida street address	
		, Floric	
	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>	Name	Address	Type of Action
MGR	INVESTO CONSTRUCTION LLC	POB 10844	
		RAMAT GAN, IL 52008-01	■Remove
			Change
MGR	NOAM SHPALTER	POB 10844	≣ Add
		RAMAT GAN, IL 52008-01	□n
			□Change
			□ Adđ
			□Remove
			□ Change
			□ Add
			□Remove
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Note:	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated	une 29 2023
Dated]	, ()

THE PLAN CONT.

Typed or printed name of signee