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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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Ema	i	1	Add	ress:

LLC REGISTERED AGENT CHANGE INVESTERING IN ONROEREND GOED RDP LLC

Certificate of Status	0
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Help <. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTERING IN ONROEREND GOED RDP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(11) torial Emileo Educity Company	
The Articles of Organization for this Limited Liability Company were filed on $\frac{06/05/2}{1}$ Florida document number $\frac{L23000271933}{1}$.	o23 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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 our recoragent and/or the new registered office address here:	ds, enter the name of the new registered
Name of New Registered Agent:	第二 元 77 77 77 77 77 77 77 77 77 77 77 77 77
New Registered Office Address:	### ## ###############################
Enter Florida si	reet address
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 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	BIXACONILL SAMSO, VICTOR	2427 ASPINWALL STREET	
		SARASOTA, FL 34237	X J Remove
			Change
MGR	DURA GIL, RAMON	7901 4TH ST N STE 300	bb∧[X
		ST. PETERSBURG, FL 33702	□Remove
			☐Change
*******			□Add
			Change
			□Add
			□Remove
			
			□Remove
		-	☐ Change
			□Add
			Remove
			□Change

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record specifies a delayed eft is filed.	ective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ited	2023		
Reduce	Signifure of a member or authorize		
	Signature of a member or authorize	d representative of a member	

Filing Fee: \$25.00