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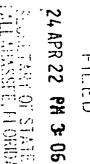
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	RSS Capital Naples New Town Villas LLC				
30031.01.		Name of Lim	ited Liability Company		
The enclosed	l Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Sheva Solomon			
			Name of Person		
		RSS Capital Naples New T	Fown Villas LLC		
			Firm/Company		
		1100 S Northłake Dr			
			Address	<u>.</u>	
		Hollywood, FL, 33019			
			City/State and Zip Code		
		sharon.solomon115@gmail	.com		
		E-mail address: (to be used for future annual report not	ification	
For further in	nformation co	oncerning this matter, please ca	all:		
Sheva Solor	non		201 9531011 at ()		
	Name of	Person		ne Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 B	Filing Fee	S30.00 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)	
Re Div P.C	iling Addressing Stration S vision of Co D. Box 632 Hahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RSS Capital Naples New Town Villas LLC

(Name of the Lim	ted Elability Company as it now app (A Florida Limited Elability Compan	oears on our records.) y)
The Articles of Organization for this Limited 1 Florida document number 1.23000316486	Liability Company were filed on	July 3, 2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the <u>limited liability company</u>	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	24
Enter new mailing address, if applicable:		APR 22 PH
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	30 30
B. If amending the registered agent and/or agent and/or the new registered office address.		r records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	Sheva Solomon	
New Registered Office Address:	1100 S Northlake Dr	194
		Florida street address
	Hollywood Civ	, Florida 33019 Zip Code
Name District and Assaulta Commencers of about in-	·	z.qr e oac

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date in tote: If the date inserted in this ocument's effective date on the	block does not m	eet the applicab	date of filing or mo de statutory filing	(option than 90 days after requirements, this	onal) filing.) Pursuant to 605. date will not be liste	.0207 ed as i
	'					
record specifies a delayed effect Lis filed.	ive date, but not a	an effective tim	e. at 12:01 a.m. o	n the earlier of: (b)) The 90th day after	r the
ated April 17		2024				
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	1/ h	- /P				
	Signature of a n	nember or authori	zed representative of	of a member		