L23000433651

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COVER LETTER

TO: Registration S Division of Co			÷	ř	
	RWATER, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Vinay K. Sharma				
	<u> </u>	Name of Person		-	
	RI Clearwater, LLC				
		Firm/Company		. 20 S	
	3785 NW 82nd Avenue, #	204		23 DE ECRI	مراجع الا
		Address	 		
	Miami, Fl. 33166			20 0 P	
	vinay.sharma@baywoodho E-mail address: (City/State and Zip Code tels.com to be used for future annual report notifi	ication)	2023 DEC 18 PH 3: 1.3 SECRETARY SEE STATE TALL AN ASSESSED.	, ł
For further information of	concerning this matter, please c	all:			
Vinay Sharma		240 821-6850 at()			
Name o	of Person		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)	Certified	te of Status &	
Mailing Addres Registration	Section	Street Address: Registration Sec			
Division of C P.O. Box 632		Division of Corp The Centre of Ta			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

R1 Clearwater, LLC				
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited L		were filed on Septe	ember 18, 2023	and assigned
Florida document number £.23000433651	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
Clearwater Suites, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desi	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES)			ں ایا۔۔	2023
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			<u> </u>	0 1 N
Enter new mailing address, if applicable:		N/A		-
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
				<u> </u>
				rn W
B. If amending the registered agent and/or r	egistered office :	address on our reco	ords, <u>enter the name</u>	of the new registered
agent and/or the new registered office addre	ss nere:			
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	street address	
			, Florida	
	_	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
N/A			□Add
			□Remove
			□Change
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