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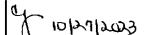
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COVER LETTER

Division of Co			, ,
	OME REALTY LLC		
SUBJECT:	Name of Lim	ited Liability Company	.
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RIVERO, BRENDA		
		Name of Person	
		Firm/Company	
	2824 16TH AVE NE		
		Address	
	NAPLES, FL 34120		
		City/State and Zip Code	
	OSLEIDYSLOPEZM@GN E-mail address: (IAIL.COM to be used for future annual report (notification)
For further information	concerning this matter, please e	•	
RIVERO, BRENDA		239 465- 550	14
Name	of Person	Area Code Day	rtime Telephone Number
Enclosed is a check for	the 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 Addr		Street Address Registration	-
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RIVER HOME REALTY LLC

2023 OCT 19 PH 3: 09

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

·			
The Articles of Organization for this Limited Liability Co		09/19/2023	
Florida document number 1.23000435552			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company b	<u>ocre</u> :	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the	designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our	records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Fl	orida street address	
		Florid:	i
	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>	<u>Name</u>	Address	Type of Action
MGR	RIVERO, BRENDA		
		2824 16TH AVE NE NAPLES, FL 34120	≣Remove
			□Change
MGR LOPEZ, OSLEIDYS	LOPEZ, OSLEIDYS	2824 16TH AVE NE NAPLES, FL 34120	≡ Add
			□Remove
			
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□ Change

•	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: 1	the date, if other than the date of filing:
the record	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 d.
Dated _	OCTOBER 06 2023
	Signature of a member or authorized representative of a member
	LOPEZ, OSLEIDYS
	Typed or printed name of signee

Filing Fee: \$25.00