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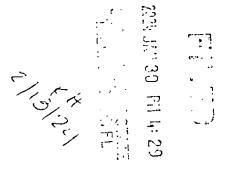
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Rive	2R HOME 4	Realty LLC	
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Oslei	Name of Person	
		Firm Company	
	2824	16th Ave NE	•
	Naples	FL 3412	0
	05/e10	FL 3412 City/State and Zip Code 45 lope 2M & g mail to be used for future annual poport notificat	2. com = 1 = 2 = 1
For further information co	ncerning this matter, please c	all:	
Antonio - Name of	J- GDFCLA Person	to be used for future annual opport notificat all: at (239) 692 - Area Code Daytime Te	4860 Part 1960 P
Enclosed is a check for the			(1)
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tällahassee, F	ection orporations\ 7	Street Address: Registration Section Division of Corpor The Centre of Talk 2415 N. Monroe St	ations ahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

River Home	, Realty LLC	
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our record ed Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 23 000 435552</u>	iny were filed on <u>9/19/3</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited line of the line of the limited line of the lin	e Z LLC ability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	N/A N/A	FT 20
New Registered Office Address:	Enter Florida street addres	
	, ri	orida 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			
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			Remove			
			Change			
			□Remove			
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f an eifecte <u>Note:</u> Hit	ive date is listed, t the date inscrted	than the date he date must be sp I in this block do e on the Departn	ecific and cant ses not meet	the applicable	date of filing or e statutory fi	more than 90 o ing requirem	_ (option lays after fil ents, this d	ing.) Pursuan	n to 605,020 be listed a)7 (15 t
e record sp d is filed.		ed effective date	, but not an e	ffective time	, at 12:01 a.n	n. on the earli	er of: (b)	The 90th d	ay after th	e
Dated	X 01	-22-8	<u> </u>							
	<u> </u>	-22-2 Olo Signa	D-Q7	her or authoriz	ed representati	ve of a membe	r			
		0.5								

Filing Fee: \$25.00