



Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration So Division of Cor					
	RAS ARH PINES LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ADAM HELLER				
		Name of Person	<u>-</u>		
	RAS PROPERTY GROUI	PLLC			
	-	Firm/Company			
	6001 BROKEN SOUND I	PARKWAY NW, SUITE 360			
		Address			
	BOCA RATON, FL 3348	7			
		City/State and Zip Code			
	AP@RASMANAGEMEN"				
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)		
STEPHEN PACOCHA		561 994-7579			
Name o	f Person	at () Area Code Daytin	ne 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration		Street Address: Registration Se	ection		
Division of Corporations		Division of Corporations			
P.O. Box 632	27	The Centre of			
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

RAS ARH PINES LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L24000004909		_ and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
RAS ARH BEAUMONT APTS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:	6001 BROKEN SOUND PARKWAY NW		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 360		
	BOCA RATON, FL 33487		
Enter new mailing address, if applicable:	6001 BROKEN SOUND PARKWAY NW	BZ4 HAY SECRET	
Mailing address MAY BE A POST OFFICE BOX)	SUITE 360	7 2 A A A	
	BOCA RATON, FL 33487	Sont To	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name o	F Services resident	
Name of New Registered Agent:		_	
New Registered Office Address:	Enter Florida street address	<u>-</u>	
	, Florida		

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>	Name	Address	Type of Action
			\ \ \ \ \ \ \
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			□Change
			Remove
			Change
			□Add
			□Remove
			Change
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Effective date, if other than the fan effective date is listed, the date many Note: If the date inserted in this document's effective date on the	block does not me	et the applical	o date of filing or mole statutory filin	(op ore than 90 days aff g requirements, t	tional) er tiling.) Pursuant t his date will not be	o 605.0207 e listed as
e record specifies a delayed effect rd is filed.	ive date, but not a	n effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th day	after the
Oated APRIL 19	,	2024				
		/				
	Signature of a five	mber or author	ized representative	of a member		_

Filing Fee: \$25.00