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COVER LETTER

TO:	Registration S Division of Co			
CUB ID		H PINES LLC		
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The enci	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		MICHAEL HELLER		
			Name of Person RAS PROPERTY GROUP LLC	
		RAS PROPERTY GROUI		
			Firm/Company	
		6001 BROKEN SOUND PARKWAY NW, SUITE 360		
			Address	
BOCA RATON, FL 33487 City/State and Zip Code		7		
				
		AP@RASMANAGEMENT		
For furth	er information	h-mail address: (concerning this matter, please c	to be used for future annual report notificat	non)
	EN PACOCHA	-	561 994-7579	
	Name	of Person	at () Area Code Daytime Te	elephone Number
Enclosed	i is a check for	the following amount:		
■ \$2 5.	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 Addre Registration		Street Address: Registration Section	
		Corporations	Division of Corpor	
	P.O. Box 63 Tallahassee,		The Centre of Tall 2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	.iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000004935}{1.24000004935}$.	were filed on 12/27/2023	_ 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 MHH BEAUMONT APTS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:	6001 BROKEN SOUND PARKWAY NW	φ ≃
(Principal office address MUST BE A STREET ADDRESS)	SUITE 360	7. C
Timesput office warress NCD	BOCA RATON, FL 33487	E
Enter new mailing address, if applicable:	6001 BROKEN SOUND PARKWAY NW	ARY O
•	SUITE 360	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	BOCA RATON, FL 33487	<u></u>
3. If amending the registered agent and/or registered office a	iddress on our records, enter the name o	f the new register
	iddress on our records, enter the name o	f the new register
agent and/or the new registered office address here:	Enter Florida street address	f the new register
Name of New Registered Agent:	Enter Florida street address	f the new register
	Enter Florida street address , Florida	f the new register
Name of New Registered Agent:	Enter Florida street address , Florida	

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
AMRR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			Remove
			☐ Change
			□Remove
			□Change

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C. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Defective date date o	date of filing:
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 19	2024
17ated	
_	Signature of a member or authorized representative of a member
MICHAEL HELLER	
-	Typed or printed name of signee

Filing Fee: \$25.00