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	ion Section of Corporations	
	PROPERTIES INVESTORS LLC	
SUBJECT:	Name of Limited Liability Company	
	eles of Amendment and fee(s) are submitted for filing orrespondence concerning this matter to the following:	
	Ana Maria Quintero	
	Name of Person	of Status &
	The Project Believe INC.	
	Firm/Company	
	4100 Spring Valley Rd, Suite 925	
	Address	
	Dallas, TX 75244	
	City/State and Zip Code aquintero@yaestoylisto.com	
	E-mail address: (to be used for future annual report notification)	
For further inforn	ation concerning this matter, please call:	
Ana Maria Quint	ro 469 520 6183	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
≘ \$25,00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Docusign Envelope ID: 8164F408-D8F5-498D-8234-011BE82A2987 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

R & C PROPERTIES INVESTORS LLC	many as it now annears on our records)
(A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparing document number <u>L24000077621</u> .	any were filed on February 13, 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	tability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDRESS</u>	2
Enter new mailing address, if applicable:	309 Hardscrabble RdBriarcliff Manor, NY 10510
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi	ice address on our records, enter the name of the new register
agent and/or the new registered office address here:	ice address on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	்
	Enter Florida street address

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

Docusign Envelope ID: 8164F408-D8F5-498D-8234-011BE82A2987 rt amending Authorized rerson(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
AMBR	Christopher Caderas	12111 Blackheath Cir Orlando, FL 32837 US	🗆 Add
			Remove
			□Change
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Effective date, if other than t fan effective date is listed, the date is Note: If the date inserted in this document's effective date on the	must be specific and cannot be p block does not meet the app	rior to date of filing or n olicable statutory filir	(optional) nore than 90 days after filing.) P	ursuant to 605,0207 (Il not be listed as (
e record specifies a delayed effect d is filed.	tive date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b) The S	90th day after the
Dated	2024 Signed by:	·		
	Paramalo	aparasilatis		
	Rosangel Pa AB305836210E40 Signature of a member of a	;;		

Filing Fee: \$25.00