## L22000018072

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

F&P Assoc	ciates LLC		•		
SUBJECT:	Name of Lin	nited Liability Company	*		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Pablo Martell				
	<del> </del>				
	Alpine Mar CPA & Advis	ors			
		Firm/Company	<u>.</u> ,		
	2719 Hollywood Blvd. Su	ite 5079			
		Address			
	Hollywood, FL 33020				
		City/State and Zip Code			
	admin@alpinemar.com				
	E-mail address:	to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
Pablo Martell		954 743-0147			
Name of Person			ne Telephone Number		
Enclosed is a check for the	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 Address: Registration Section		Street Address: Registration Se	ction		
Division of Corporations		Division of Co			
P.O. Box 632			The Centre of Tallahassee		
Tallahassee, I	rL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

F&P Associates LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 01/10/2022-LAHASGEE, FL Florida document number 1.22000018072 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FLL Investment Associates LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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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