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2022 OCT 26 MM 8: 48
SECRETARY OF STATE
TANK ANA COEF FA

COVER LETTER

TO: Registration Se Division of Cor			•			
	ESTMENT SERVICES, LLC		,	1		
SUBJECT:	Name of Lim	ited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	LISA DAGUE					
		Name of Person		_		
	LAND INVESTMENT SE	ervices. Elc				
		Firm/Company		_		
	2572 WEST STATE ROA	D 426, SUITE 2064				
		Address		- SE(202	
	OVIEDO, FL 32765			ALL A	2022 OCT 26	•.•
		City/State and Zip Code	•••	- ESY - ESS	26	1 1 1 1
	LisaD@lis-ae.com			_ 22		3
For further information c	E-mail address: () oncerning this matter, please ca	to be used for future annual report notif	ication)		8:1:8	Ţ.,
	emeering the maner, preuse en			177	Φ	
Lisa Dague		321 244-0402 at ()				
Name o	f Person	Area Code Daytime	: Telephone Numb	er		
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	Filing Fee cate of Sta ed Copy nat copy is er	tus X	
Mailing Addres Registration 9		Street Address: Registration Sec	ction			
Division of C		Division of Cor				
P.O. Box 632	7	The Centre of T	allahassee			
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAND INVESTMENT SERVICE	S, LCC	
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company were filed on 61/04/2010	and assigned
lorida document number L10000000376	·	
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designatio	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	······································
		72 OF TALL
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	<u> </u>
		7 (C) (D) (S)
		man on
 If amending the registered agent and/or gent and/or the new registered office addre 		enter the name of the new regis
Name of New Registered Agent:	DAGUE, LISA A.	<u> </u>
New Registered Office Address:		
	Enter Florida street	1 address
		Florida
	Cin	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 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>	<u>Name</u>	Address	Type of Action
VP	KENNETH D. BOYLE	2572 West State Road 426, Suite 2064	
		Oviedo, FL 32765	≡ Remove
			□ Change
			□ Add
			□Remove
			□Change
			2022 CT 26 AH 648 SECRETARY OF STATE TALLAHAD SEEL FL
	,		☐ Remove
			□Add
			□Remove
		······	□ Change
			□Add
			□Remove
			□Change

Page 2 of 3

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