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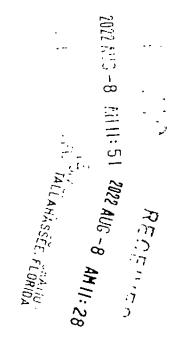
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PICK-UP WAIT MAIL
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8/8/2022

COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT: C 3	Name of Limi	Properties, L				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Russ C	ON WII				
		Firm/Company				
		137th Terr.				
	Pembrolee	City/State and Zip Code Nell © holm 2 to be used for future annual report notif	33028			
	E-mail address: (to be used for future annual report notif	oil. Com			
For further information e	oncerning this matter, please co					
RUSS Connell Name of Person		at (954) 609-9677 Area Code Daytime Telephone Number				
Enclosed is a check for the	ne following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration : Division of C P.O. Box 633	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee			
Tailahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 AUS -8 - AMTH: 51 Florida document number 114000181693. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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 Title Name Address Type of Action Equity Asset, I.C. 1718 Capitol Ave KAdd

Cheyenne, WY 82001 | Remove AMBR AMBR RUSSEll Connell 1905 NW 137th TRIL DAdd Penbroke Pines Fi 33028 Remove _____ Change AMBR Lourie Kathleen Connell 1905 NW 137th TRIV. DAdd Pembroke Pines FL 330) & BREMOVE ______ □Add _____ Remove _____ □Remove

									
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If an effective	ate, if other the date is listed, the de date inserted in	iate must be spec	ific and car	mot be prior t	o date of tilin	g or more than	(optic 90 days after rements, this	filing.) Pursuant	to 605.0207 (be listed as t
	effective date or								
e record spo rd is filed.	cifies a delayed (effective date, b	out not an	effective tit	ne, at 12:01	a.m. on the	earlier of: (b) The 90th da	y after the
	Juansh	8		2077	- -				
Dated	(()								
Dated <u> </u>	August /cc) ssell		our	ce				_

Filing Fee: \$25.00