L19000018761

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100433026101

12/13/24--01012--015 **25.00

CLUSCIARY OF STATE

COVER LETTER

TO: Registration So Division of Cor	porations	* * * * * * * * * * * * * * * * * * * *	🐧 🐔 🧸							
SUBJECT.	* FITOZ L	LL ;	ÿ •							
SUBJECT:		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:								
	ADAM RICE	Name of Person								
	JWB (VEC	L ESTATE CAP IT AL-								
	7563 PH	Address								
	JACK-SONVI	LIE FL 32256 City/State and Zip Code								
		IN LE JWB LUMP DAJES TO be used for future annual report noti								
For further information c	oncerning this matter, please ca									
MILHARD Name o	NEEL f Person	at (<u>924</u>) <u>537 - 2</u> Area Code Daytim	1559 Te Telephone Number							
Enclosed is a check for th	ne following amount:		:	2024						
\$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 State Certified Copy (additional copy is enc	ASSET TO THE						
Mailing Addres		Street Address:	.•	-						
Registration S		Registration Section								
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee								
Tallahassee, F			e Street, Suite 810							
rananassee, i		2410 IV. MOHIO	e succi, suite 810							

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FITOZ LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
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
City Florida 725 = 5
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 complete 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				
	e		□ Add				
			□Remove				
			□Change				
			□Remove				
			□ Change				
			□ Add				
			□Remove				
			□Change				
			□Remase				
			Remove 24 DE T				
			ARY PARTICIPATION OF THE PROPERTY OF THE PROPE				
			OR STATE OF THE REMARKS				
			□ Change				
			□Add				
			□Remove				
			□ Change				

	ADD	A	PURPOSE	- 51A	TEME	NT-	SEE	ATTA	CHED	STATE	EMENT.	<u></u>	
	-				_					p :			_
													
	_												
								-					_
													
	_												
	·	•								 -			
										··· - -			
													
									_				
-							_						_
-			····										_
		•		-							<u> </u>		
e ctive i effecti	cate, ii o ve date is lis	tner tr sted, the	nan the date date must be sp	: ot Illin ; pecific and	g: d cannot b	e prior to	date of fi	ling or mo	re than 9	(option of the control of the co	o nal) : filing.) P	ursuant to	605.020
<u>te:</u> If t	he date ins	serted in	n this block d	loes not n	neet the	applicah	le statut	ory filing	, require	ments, this	s date wi	ll not be !	listed a
umen	s effective	e date c	on the Departi	hent of S	state s re	coras.						-* ()	202,
				_				_				 1~	2024 DE
cord sp s filed.	secifies a d	lelayed	effective date	t, but not	. an effec	rtive tim	e, at 12:0	01 a.m. o	n the ear	:lier of: (b) The 9	Oth day,a	ifte r t he
												333	ယ
ted	12	1/0	4		243	ut							
		`	<u>'</u>	 :	, <u>207</u>	,	. · _	\wedge				STATE	Ö
						/2	7	X				ĘĦ	90
					mamb is	Z		- <u> </u>	<u> </u>				
			Sign	ature of a i	memmer	or authorn	sea labic	sentative o	or a mem	ber			

FITOZ LLC, DOC#L19000018761 AMENDMENT TO ARTICLES OF ORGANIZATION TO ADD A PURPOSE STATEMENT:

PURPOSE OF THE COMPANY: FITOZ LLC intends to engage in the business of investing in low-income communities that are designated as "qualified opportunity zones" as defined in Section 1400Z-1 of the Code, and to serve as a Qualified Opportunity Fund. Anything in these Articles to the contrary notwithstanding, FITOZ LLC and each of the Members will take such action, including any amendments to these Articles, as may be appropriate or necessary to qualify FITOZ LLC as a Qualified Opportunity Fund.