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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM

Account Number : 103654001666 Phone : (941)639-1158

Fax Number : (941)639-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE EDWARD ROSS PROPERTIES, LLC

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	gistration Sec vision of Corp		•	
		ROSS PROPERTIES, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		ROGER, H. MILLER III, I	ESQ.	
			Name of Person	
		FARR LAW FIRM		
Pirm/Company				
	99 NESBIT ST			
			Address	
		PUNTA GORDA, FL 339.	50	
			City/State and Zip Code	
		SFAIRCLOTH@FARR.CC)M o be used for future annual report notif	Tania a a
For further	information co	e-mail address. ((Catton)
	. MILLER III,	FSO	94) 639-1158 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Foc	S30.00 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)
M	ailing <u>Addres</u>	<u>s:</u>	Street Address:	

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

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

EDWARD ROSS PROPERTIES, LLC

Page: 4 of 6

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ARTICLES OF AMENDMENT OT ARTICLES OF ORGANIZATION OF

(Name of the Lit	nited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) 1y)
The Articles of Organization for this Limited Florida document number L19000035734	Liability Company were filed on	2/5/19 and assigned
This amendment is submitted to amend the fo	flowing:	
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," (ne designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if appl	icable:	- 1
Principal office address MUST BE A STRE	ET ADDRESS)	
		,
Enter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE		
Maning Gauress SIAT BE ATOST OFFICE	T BUAI	
8. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on ou ess here:	r records, enter the name of the new registe
Name of New Registered Agent:	ROGER. H. MILLER III	
New Registered Office Address:	FARR LAW FIRM, 99 NESB	TST
now housings of the Attalesa.	Enter 1	lorida street address
	PUNTA GORDA	, Florida 33950
	City	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.

/a/ Rogar H. Willer Add

If Changing Registered Agent, Signature of New Registered Agent

Fax: 19415059999

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 = \ AMBR = \ 2	Janager Authorized Member	(((H23000351208 3)))	
Title	<u>Name</u>	Address	Type of Action
.,		/_	
			LRemove
			Change
			BAdd
			□Remove
			□Change
·		/	□Add
			[]Remove
			☐ Change
			□Add
			[]Change
			ÜRemove
			Change
	/		🗆 Add
			□Remove
			□Change

rom: FAX EXTENSI	10N : Fax: 19415059999 To 8506176383@retax.com
Rith	1 (((H230003512083)))))
D. If am	ending any other information, enter change(s) here: (Attack additional sheets, if necessary.)
•	
,	
,	
•	
E. Effect	tive date, if other than the date of filing: (optional)
Note:	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
cocun	ment's effective date on the Department of State's records.
If the recordered is fi	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	9-13-2023
	Signature of a member or authorized representative of a member
	PERILYNN HOLT
	Typed or printed name of signee

Filing Fee: \$25.00