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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	PICK U	UP: <u>MISTY 11/22</u>
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XX	РНОТОСОРУ	
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XX	K FILING	LLC AMEND
1.	LABORA R. E DEVELOP (CORPORATE NAME AND DOCUME)	
2.	(CORPORATE NAME AND DOCUME	NT#)
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SPECIA INSTRI	AIL UCTIONS:	

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Labora R.F	E Development Group, LLC.	
	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Labora R.E Development Group, LLC. Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Lawrence Murphy Name of Person LABORA R.E DEVELOPMENT GROUP, LLC. Firm:Company 28 Golf Cottage Drive Address Naples, FL 34105 City/State and Zip Code larry@tricoreig.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: vecuce Murphy Name of Person at (239) 920-1027 Daytime Telephone Number		
		Name of Person	
	LABORA	A R.E DEVELOPMENT GROU	IP, LLC.
		Firm/Company	
		28 Golf Cottage Drive	
		Address	
		Naples, FL 34105	
		City/State and Zip Code	
			notification) 920-1027 viime Telephone Number □ \$60.00 Filing Fee, Certificate of Status & Certified Copy
SUBJECT: Labora R.E Development Group, LLC. Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lawrence Murphy Name of Person LABORA R.E DEVELOPMENT GROUP, LLC. Firm/Company 28 Golf Cottage Drive Address Naples, FL 34105 City/State and Zip Code larry@tricoreig com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lawrence Murphy Name of Person at (239) 920-1027 Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed)	fication)		
For further information	concerning this matter, please c	all:	
Lawrence	Murphy	at (239) 920	1-1027
Name	of Person	Area Code Daytime	
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DocuSign Envelope ID: 70E1E761-DC91-488C-BB9A-20CAFE78566E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV 22 PM 12: 22

LABORA R.E DEVE	LOPMENT GRO	UP, LLC. (Care	
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.	ariund in. HASSEEler
The Articles of Organization for this Limited Liability Company	were filed on	10-15-2019	and assigned
Florida document number <u>L19000258102</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>re</u> :	
LABORA R.E. DEVELOPMENT GROUP, LLC.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on e:	our records, enter	the name of the new
Name of New Registered Agent:		N/A	
New Registered Office Address:	Futer Floris	da street address	
	Lines Florie	aa an eer aaan ess	
	City	, Florida	
New Besides and Activities Charles and Cha	Ciţv		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

DocuSign Envelope ID: 70E1E761-DC91-488C-BB9A-20CAFE78566E in amenuing Authorized rerson(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>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			☐ Change
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		□ Remove	
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Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed. Dated November 22 Docusigned by: Lawrum Muryly		
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Lawrence Murphy	on the earl	lier of:
Lawrence Murphy		
Signature of a member or smith of the presentative of a member		
Lawrence Murphy		

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Filing Fee: \$25.00