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21 HTT 15 FN 3: 36

T. MATTHEWS NOV 3 0 2021

COVER LETTER

	tegistration Se Division of Cor		•	
SUBJECT		gent PM LLC		
SUBJECT	T:	Name of Lin	nited Liability Company	····
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	-	
		John Chin		
			Name of Person	
			Firm/Company	
		11538 Biography Way		
			Address	
		Orlando, FL 32832	CiviCivi 17: C-1	
		john@roigrow.com	City/State and Zip Code	
			to be used for future annual report not	ification)
		oncerning this matter, please c		
Brian Dav			407 923-5603 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$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 Status & Certified Copy (additional copy is enclosed)
R D P	lailing Addres egistration Solivision of Color. O. Box 632 allahassee, F	Section orporations 7	Street Address: Registration Se Division of Con The Centre of To 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 HOV 15 PH 3: 36

INVESTOR AGENT PM LLC			
(Name of the Lim	ited Liability Comp. (A Florida Limited	any as it now appears on our recor Liability Company)	<u>(ds.)</u>
The Articles of Organization for this Limited In Florida document number	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		-
New Registered Office Address.	-	Enter Florida street addre	žxs
		, F	lerida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	<u> </u>	
I hereby accept the appointment as register provisions of all statutes relative to the pro accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete gistered agent as _l	performance of my duties, a provided for in Chapter 605,	and I am familiar with and .F.S. Or, if this document is

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

AMBR = A	Authorized Member	- 64.3.3	6
<u>Title</u>	Name	Address 21 NOV 15 PN 3: 3	Type of Action
AMBR	BROOKELAND PROPERTIES INC.	426 Turnstone Way	● Add
		Orlando, FL 32828	□ D
			□Change
			□Add
			□Remove
			□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			□ Remove
			Change
			□ Add
			□Remove
			□ Change

Effective date, if other than the date of filing:	Effective date, if other than the date of filing: (aptional) (f 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.) Pursuant to 605 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date on the department of state's records. The 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 rd is filed. Dated November 11 2021		21 Harris 61 3: 36
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W.C.	Signature of a member or authorized representative of a member	November 11	2021
Signature of a member or authorized representative of a member		Dated	·
Signature of a member or authorized representative of a member		6/-	
	Jaha Chia		Signature of a member or authorized representative of a member

Filing Fee: \$25.00