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## **COVER LETTER**

TO: Registration Sc Division of Cor				
	Real Estate Investment Hold	lings LLC		
SUBJECT:	Name of Lim	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:		
	Demetrius Burroughs			
		Name of Person		·
	Burroughs Real Estate In	nvestment Holdings Ll	-C	
		Firm/Сопралу		
	9129 Redtail Dr			
		Address		
	Jacksonville, FL 32222			
		City/State and Zip Cod	le	
	dburrou@gmail.com			
	E-mail address: (	to be used for future annu	al report notification)	
For further information c	concerning this matter, please c	all:		
Demetrius Burroughs			742-0900	
Name o	of Person	Area Code	Dayume Telepho	one Number
Enclosed is a check for the	he following amount:			
₹ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is c		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration			Address: tration Section	
Division of C		Divis	ion of Corporation	
		Trl C	Same of C. T., 11., key,	2000

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 MAR -9 PM 1: 25

## BURROUGHS REAL ESTATE INVESTMENT HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our relocated AMASSEE, FI.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	oany were filed on 1/2/2020	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Burroughs Investment Holdings LLC		
The new name must be distinguishable and contain the words "Limited I	liability Company," the designation	on "LLC" or the abbreviation [1, 1, C]
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records.	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
		, Florida
<del></del>	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dul as provided for in Chapter	ies, and Lam familiar with and 1605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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an effective date, if other than the d an effective date is listed, the date must l lote: If the date inserted in this bloc	ne specific and cannot	be prior to date	of filing or more	han 90 days after i	iling.) Pursuant to C	s05.01 isted
ocument's effective date on the Dep	artment of State's r	ecords.	anatory ming re	4		
record specifies a delayed effective	date, but not an effe	etive time, at	12:01 a.m. on t	he earlier of: (b)	The 90th day at	fter t
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