L20 000024426

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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ECRETARY OF STATE

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A. BUTLER MAR 2 4 2022

COVER LETTER

TO: Registration : Division of Co			
4103 Inve	estments, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	of Amendment and fee(s) are sub		
Please return all corres	pondence concerning this matter	to the following:	
	Sharon Roberts		
		Name of Person	
		Firm/Company	
	4103 West Arch Street		
		Address	
	Tampa, FL 33607		
		City/State and Zip Code	
	sroberts2@reagan.com		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Sharon Roberts		954 257-9000 at ()	
Name of Person		Area Code Daytime	Telephone Number
Enclosed is a check for	the 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)
Mailing Addr	ress:	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4103 Investments, LLC

2022 MAR 11 AM 6: 47

(Name of the Limited Liability ((A Florida Li	Company as it now appears on our rec mited Liability Company) St. CRE 1 TALL A	ords.)	
(· · · · · · · · · · · · · · ·	TALLA	AHASSEE, FL	
The Articles of Organization for this Limited Liability Con	pany were filed on 1/17/2020	and assigned	
Florida document number L20000024426			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	SS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records, <u>en</u> t	ter the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street add	dress	
		. Florida	
	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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sergio Osorio	PO Box 10768	■Add
		Tampa, FL 33679	Remove
			□Change
			□Remove
		-	□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

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Note: If the date inserted in the	must be specific and cannot be prior	r to date of filing or more than 90 days cable statutory filing requirements	
e record specifies a delayed eff rd is filed.	ective date, but not an effective t	ime, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
Dated March, 3	. 2022	<u> </u>	
	Signature of a member or south	orized representative of a member	
Sharon Roberts	organizate or a memori or anni	and the representative of a themself	
Simon Roberts		ted name of signee	

Filing Fee: \$25.00