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COVER LETTER

Division of Cor			; ·	
SUBJECT: Cynthia	Termine Smith = Name of Lin	Fruestment Properties	LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u>Cynthia</u>	T. Smith Name of Person		
	776.	Firm/Company	2021 NP	, , , , , , , , , , , , , , , , , , ,
	2380	Golfwood Road Address 1.1 E	2821 NOW THE STATE	D. IT
	<u>Cindy t Smith</u> E-mail address:	Int TC 32935 City/State and Zip Code © CFL TY, Com to be used for future annual report not	fication)	3. 02
For further information e	oncerning this matter, please c			
Cynthio Name o	T South	at $(\frac{321}{\text{Area Code}})$ $\frac{432}{\text{Daytim}}$	りつ3 e Telephone Number	
Enclosed is a check for th	-			
\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Ci \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	L1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C	orporations	Division of Cor	porations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cynthia Terrine South Investore (Name of the Limited Liability Compa	ny as it now appears on our records.)	
(A Florida Limited I	liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>レスの00089736</u> .	were filed on3-25_202	20 and assigned
This amendment is submitted to amend the following:		
, and the second	994	
A. If amending name, <u>enter the new name of the limited liab</u>	nny company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LI C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~
(Principal office address MUST BE A STREET ADDRESS)		20 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	la 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Smith, James T	2380 Golfwood Road Melburge FI 32935	_ LIAdd
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Effective date, if other in the other is listential to the date in section of the date in section of the other in the date in section in the other i	ed, the date must be spe rited in this block do	eitic and cannot less not meet the	applicable state	filing or more than	(option 90 days after freements, this c	inal)	PM 3: 02	- (C) 505.020
record specifies a de	layed effective date.	but not an effe	ctive time, at 12	:01 a.m. on the e	arlier of: (b)	The 90t	h day a	fter the
d is filed.		7.	121					
'd is filed.	ial 5		0					
rd is filed. DatedA	in 1 5 (yyll) Signati	re of a member of	Juith or authorized repr	esentative of a mer	nbei		·	