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COVER LETTER

TO: Registration S Division of Co			
Bostic Inv	estments		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Sheila M. Lake, Esq.		
		Name of Person	
	Lake Law Firm, P.A.		
		Firm/Company	
	475 Central Ave., Ste. 402		
		Address	·
	St. Petersburg, FL 33701		
	-	City/State and Zip Code	
	smlake@lakelawfirmpa.com	n to be used for future annual report notifi	
For further information of	concerning this matter, please c	·	Canoni
Sheila M. Lake, Esq.		727 592-1812	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	
Registration Section Division of Corporations		Registration Sect Division of Corp	
P.O. Box 632		The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 APR -1 PM 4:57

Bostic Investments, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on 08/28/2020 and assigned Florida document number L20000268521 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: R & R Bostic Investments, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 Ernesto Travieso	3209 Azalea Blossom Dr		
		Plant City, FL 33567	≣Remove
			□Change
MGR Rhonda Bostic	Rhonda Bostic	3209 Azalea Blossom Dr	≣Add
		Plant City, FL 33567	□Remove
			Change
			
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			☐ Change
		□Add	
			□Remove
			Change
			□Remove
			∏Change

. It amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing:
he record s ord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 20 2024 Signature of a member or authorized representative of a member
	Shiila v. Jake
	Signature of a member or authorized representative of a member
	Sheilan. Lake, Est. Typed or printed name of signee

Filing Fee: \$25.00