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SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returi	n all correspo	ndence concerning this matter	to the following:	
		ANNA ORLANDO		
			Name of Person	
		ASPRA REAL ESTATE II	NVESTMENTS, LLC	
ASPRA REAL ESTATE INVESTMENTS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANNA ORLANDO Name of Person ASPRA REAL ESTATE INVESTMENTS, LLC Firm/Company 10387 OAK MEADOW LANE Address WELLINGTON, FL 33449 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANNA ORLANDO Name of Person Area Code Daytime Telephone Number \$25,00 Filing Fee \$30,00 Filing Fee & Certificate Of Status Certificate Copy is enclosed) Certificate Copy (additional copy is enclosed)				
		10387 OAK MEADOW L	ANE	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANNA ORLANDO Name of Person ASPRA REAL ESTATE INVESTMENTS. LLC Firm/Company 10387 OAK MEADOW LANE Address WELLINGTON. FL 33449 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANNA ORLANDO Name of Person 1 561 Area Code Daytime Telephone Numb Enclosed is a check for the following amount: \$\infty\$\$\$\$\$25.00 \text{ Filing Fee} & \text{ S55.00 \text{ Filing Fee} & \text{ Certified Copy} &				
		WELLINGTON, FL 33449)	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further i	nformation c	oncerning this matter, please ca	ill:	
ANNA ORI	LANDO			
	Name o	RA REAL ESTATE INVESTMENTS. LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: ANNA ORLANDO Name of Person ASPRA REAL ESTATE INVESTMENTS. LLC Firm/Company 10387 OAK MEADOW LANE Address WELLINGTON. FL 33449 City/State and Zip Code E-mail address: (to be used for future annual report notification) stion concerning this matter, please call: D at (1) Same of Person Area Code Daytime Telephone Number st for the following amount: Fee \$330.00 Filing Fee & Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed)		
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	ailing Addres			Continu
	_	Section Corporations	Division of C	
	7 Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASPRA REAL ESTATE INVESTMENTS, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)			
	were filed on 8/31/2020		and assign	ed
lorida document number L20000271486				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liabi	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LI.C" o	r the abbrevia	tion "L.L.C	
Inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	ame, enter the new name of the limited liability company here: c distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." pal offices address, if applicable: ddress MUST BE A STREET ADDRESS) g address, if applicable: MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new registered new registered office address here:			
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inter new mailing address, if applicable:				·
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Maning address MAT BE AT OST OFFICE BOAY				
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 If amending the registered agent and/or registered office a gent and/or the new registered office address here: 	ddress on our records, <u>enter th</u>	e nam <u>e of (</u>	the new r	egist
Name of New Registered Agent:				
New Registered Office Address:	e e e e			<u>-</u>
	Enter Florida street address			
· · · · · · · · · · · · · · · · · · ·	, Flori	da		
	City	Zi	p 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 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	ANNA ORLANDO	10387 OAK MEADOWN LANE	□Add
		WELLINGTON,FL 33449	□Remove
			■ Change
SEC	ANTONIO LOBOCCETTA	10387 OAK MEADOW LANE	= Add
		WELLINGTON, FL 33449	□Remove
			□ Change
TREAS	LEONARDO PISANO	10387 OAK MEADOW LANE	= Add
		WELLINGTON , FL 33449	□Remove
			□Change
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to the date inserted in this block does not meet the applicate occument's effective date on the Department of State's records.	ible statutory filing	(option: re than 90 days after fili requirements, this da	ing.) Pursuar	nt to 605.02 be listed
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th d	lay after th
JUNE 22 2021	<u> </u>			
aica				

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Filing Fee: \$25.00