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COVER LETTER

	Registration Se Division of Cor					
elibarzy	Radosta Pro	operties, LLC				
SUBJEC'	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please reti	arn all correspo	ndence concerning this matter	to the following:			
		Frank Radosta				
			Name of Person			
		Radosta Properties, LLC				
			Firm/Company			
		4085 Rodgers Street				
			Address			
		Palm Beach Gardens, FL.	33410			
			City/State and Zip Code			
		fradosta@bigwavestaffing.e				
		E-mail address: (to be used for future annual report notif	lication)		
For furthe	r information co	oncerning this matter, please c	all:			
frank rade	osta		386 3162168 at ()			
	Name of	f Person	Area Code Daytimo	e Telephone Number		
Enclosed i	s a check for th	ne following amount:				
□ \$25.00	0 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)		
•	Calling Add		Semant Addresser			

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Radosta Properties, LLC			
(Name of the Limited	l Liability Company as it no V Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Lia		ed on 2/17/2021	and assigned
lorida document number L21000067010	·		
his amendment is submitted to amend the follow	ving:		
. If amending name, enter the new name of t	the limited liability com	pany here:	
Radosta Investments, LLC			
he new name must be distinguishable and contain the wo	rds "Limited Liability Compa	ny," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:		
Principal office address MUST BE A STREET			
incipal office dataess 91037 BEA STREET	ADI/RESS/		
			
inter new mailing address, if applicable:			
<u>Muiling uddress MAY BE A POST OFFICE B</u>	<u>OX)</u>	<u> </u>	
3. If amending the registered agent and/or re		on our records, <u>enter the</u>	name of the new regist
gent and/or the new registered office address	<u>nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		. Floric	da
	Civ		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
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			Remove
			□Change
			Remove
			□Change
			□Remove
			□ Change

anit	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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#1 <i>00</i>	
Note:	ve date, if other than the date of filing:
ne record ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	1
	Signature of a member or authorized representative of a member
	Frank Rachosta Typed or printed name of signee