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(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

Division of Corporat	ions	•	
subject: <u>Sand B</u>	Presingious Name of Limite	Javestment Pr	operties LLC
The enclosed Articles of Amer	dment and fee(s) are subm	itted for filing.	
Please return all correspondence	e concerning this matter to	the following:	
_	<u>Sh</u> e	PENA (LASON) Name of Person	 _
_		Firm/Company	
_	5594 Vi	Mage Port Ci	role
	Jacksnille	Florida 322	<u>aa</u>
	Sheenac (16)	35@yahoo. (OV)	ification)
For further information concern	ning this matter, please call	:	
Sheem Name of Person	<u>Cason</u>	at (GDL) 520 - Daytim	D514 ne Telephone Number
Enclosed is a check for the foll	owing 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 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 City

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
AMBR	Brian Greene	5594 Village Port Clea	16 aprila
		Jal FL 32222	□Remove
			□Change
			🗆 Add
			□Remove
		 	□Change
			🗆 Add
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			🗆 Add
			□Remove
			Channa

	
	
_	
(If an effect Note: If	e date, if other than the date of filing:
e record s ord is filed	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
Dated _	March 13 2021.
	<u></u>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00