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COVER LETTER

TO: Registration Section

Division of Co	rporations			
	ROOST, LLC	, ,	•	
SUBJECT:	Name of Lim	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Terry M. Sanks			
		Name of Person		
	Beusse Sanks			1021 NOV
		Firm/Company		
	157 E. New England Aver	nue, Suite 375		24
		Address	1171 1100	PH 2:
	Winter Park, Florida 3278	9		₹ 2: 12
		City/State and Zip Code	<u> </u>	
	tmsanks@gmail.com			
	E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
Terry M. Sanks		407 644-8888 at ()		
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	`Status & oy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEACON ROOST, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 09/24/2021 and assigned
Florida document number L21000422120	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
THE ROOST GROUP, LLC	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	721
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•	2
	TO P III
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
3. If amending the registered agent and/or registered office adegent and/or the new registered office address here:	dress on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City 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>	Name	Address	Type of Action
MMGR	Terry M. Sanks	309 Cranes Roost Blvd, Suite 2000	
		Altamonte Springs, FL 32701	□Remove
			= Change
MMGR	David R. Miller	309 Cranes Roost Blvd, Suite 2000	= Add
		Altamonte Springs, FL 32701	□Remove
		<u> </u>	□Change
			Z021 □ Add
		75 P. S. F. F. S. F. F. S. F. F. F. S. F.	Remove
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	-17	Signature of a	member or ar	thorized represe	ntative of a me	nber		
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