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2022 APR 14 PM 4: 28 SUCREJANY OF STATE

A. BUTLER MAY 17 2022

COVER LETTER

	tion Section of Corporations
	INVESTSTR OSBORNE LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	LOVETTE DOBSON
	Name of Person
	Firm/Company
	17350 STATE HWY 249 STE 220
	Address
	HOUSTON, TX 77064
	City/State and Zip Code EFILE1234@INCFILE.COM
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
LOVETTE DOBS	SON 1 888-462-3453 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
■ \$25,00 Filing	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INVESTSTR OSBORNE LLC

FILED

(A Florid	la Limited Liability Company)
	SECRETARY OF STATE Company were filed on 03/24/2021 LAHASSEF, Et and assigned
Horida document number L22000145508	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
2508 LAKE OSBORNE LLC	
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS _I
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, <u>enter the name of the new registered</u>
agent and/or the new registered office address here:	
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 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
<u>.</u>			□Add
			□Remove
			□Change
			□Remove
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<u></u>			□ Add
			□Remove
			□Change
			□ Add
			□ p

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records, the record 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 cord is filed. Dated APRIL 08 2022 Signuter of a member or Authorized representative of a member JEREMY WERDEN				
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