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COVER LETTER

TO;	Registration S Division of Co		• •	est Salar
		Revocable Living Trust LLC		·
SUBJE	CI:	Name of Lin	nited Liability Company	-
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Carlos Orellano		
			Name of Person	
		ZenBusiness INC		
		-	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		336 E. College Ave Suite	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report notif	leation)
For furth	her information o	concerning this matter, please c	all:	
Carlos	C/O ZenBusines	is, Inc.	844 493-6249 at ()	
	Name (of Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for t	he following 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 Addres Registration	<u>ss:</u> Section	<u>Street Address:</u> Registration Sec	vion
	Division of C		Division of Corp	
	P.O. Box 632	27	The Centre of T	allahassee
	Tallahassee.	FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Egan Revocable Living Trust LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ²⁰²²⁻⁰⁴⁻²⁰ and assigned Florida document number 1.22000188754 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Osprey-House LLC The 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: (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 _, Florida ___ City

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			①Add
			□Remove
			□Change
			DAdd
			□Remove
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record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after	er the
06/16 Dated	<u>2023</u> ·		
Dated			

Filing Fee: \$25.00