10/31/22, 4:17 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Help

From: Laura Rodriguez

COVER LETTER

TO: ≀	Registrat Division				g _{to} A
SHRIF	LITI CT:	PROPE	RTY INVESTMENTS LLC		
300012			Name of Lim	ited Liability Company	
The end	:losed Artic	cles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all co	orrespond	ence concerning this matter	to the following:	
			Cheyenne Moseley		
				Name of Person	
			Legalzoom.com, Inc.		
			-	Fim/Company	
			101 N Brand Blvd 11th Fl		
				Address	
Glendale, CA 91203					
			sward@epg3.com	City/State and Zip Code	
For fire	her in form	estion con	E-mail address: () cerning this matter, please co	to be used for future annual repo	rt notification)
			cerning and matter, prease co		
Cheyen	ine Mosele	·		at ()	
	í	Name of P	erson	Area Code I.	Paytime Telephone Number
Enclose	d is a chec	k for the	following amount:		
☐ \$25	00 Filing 1	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 cop; is enclosed)
			G ADDRESS: on Section	STREET/CO Registration	DURIER ADDRESS: Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	If Changing Reg	istered Agent, Signatur	e of New Regist	ered Age	nt	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete perform d agent as providea tered office address	unce of my duties, For in Chapter 60.	and Lam fan 5, F.S. Or, if	iliar wi this doc	th and ument i	
New Registered Agent's Signature, if changing Regist	ered Agent:					
	Cuy		Florida	Zip Code		_
			Florido			
New Registered Office Address:		Enter Florida street add		<u></u>	2	_
Name of New Registered Agent:				;	<u> </u>	_
					PH	<u></u>
B. If amending the registered agent and/or re registered agent and/or the new registered office a		tress on our reco	rds. <u>enter th</u>	<u>e name</u>	of-the	r
						_
Throng address MAT BEAT GST OFFICE BOA			रुं		202	_
Enter new mailing address, if applicable: (Mailing address MAY BE A PQST OFFICE BOX)						_
E de la companya de l						
		 ·				
(Principal office address MUST BE A STREET AD						_
Enter new principal offices address, if applicable:						
The new name must be distinguishable and contain the words."	Limited Liabitity Compa	my," the designation "1,	I.C" or the abbre	viation "L	.1C."	-
A. If amending name, enter the new name of the	limited liability con	ipany here:				
This amendment is submitted to amend the following						
Florida document number 1.22000421862	,					
The Articles of Organization for this Limited Liabilit	y Company were fil-	ed on		_ and as	signed	
(Name of the Limited Lin (A Fic	hilly Company as it nords Limity C	ompany)	ords.)			

AMBR = Authorized Member

MGR = Manager

From: Laura Rodriguez

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
		•	☐ Change
			□ Remove
			☐ Change
			∧dd
			Remove
			☐ Change
			Add
			□ Remove
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			Change
	 		
		1 =1 11.	
			Change

To:

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	<u>.</u>
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Note: If the dat	if other than the date of filing: (optional) 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)(the inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the citive date on the Department of State's records
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ay after the record is filed.
Dated <u>Q</u> i	
Step	Suchature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00