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COVER LETTER

TO:

FO: Registration Secti Division of Corpo				
SUBJECT: FOS	PIEAL STAT	E TNUESTMENU led Liability Company	TS LLC	
The enclosed Articles of An	nendment and fee(s) are subn	nuted for filing.		
Please return all correspond	ence concerning this matter to	o the following:		
	<u>Oè</u>	ORGE C. DAHL Name of Person		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	J~ ~
	12250	Fitm/Company HEWTH ST. # 1 Address NOO FI 3283	(05)	F D.
	<u>URLA</u>	NOO FL 3283 City/State and Zip Code OKKEEPING @ AOL o be used for future annual report notif	7 . COH	
For further information con	E-mail address: (t		cation) - 1	. <u>-</u>
OEORGE Name of I	erson	at (407) 309 - Area Code Daytime	O 367 Telephone Number	
Enclosed is a check for the			□ \$60,00 Filing Fee.	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stat Certified Copy (additional copy is en	nus &
Mailing Address: Registration Sc Division of Co P.O. Box 6327	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee	
Tallahassee, F	L 32314	Z415 N. Monro Tallahassee, Fl	e Street, Suite 810 . 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

tos MEAL	STATE	INVESTI	YENTS	LLC	
(Name of the Limited Li (A F	ability Company a lorida Limited Liabi	s it now appears on ou lity Company)	r records.)		
The Articles of Organization for this Limited Liabili Florida document number <u>L 22 000 4</u>	ity Company wer 164587	te filed on $10/2$	8/202	2 and assigned	
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the FOS BEAL ESTATE. The new name must be distinguishable and contain the words	= TNUF	STMENTS	on "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable					
(Principal office address MUST BE A STREET A.					
	_				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>\frac{\frac{1}{2}}{2} \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqquad \qqquad \qqqquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq</u>				
B. If amending the registered agent and/or regist agent and/or the new registered office address hi	itered office add ere:	ress on our record	s, enter the na	ame of the new register	<u>.ec</u>
Name of New Registered Agent:					
New Registered Office Address:		Emer Florida sir	eet 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
			□Add
			□Remove
			Change
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ffective date, if other than the date of an effective date is listed, the date must be specified: If the date inserted in this block does ocument's effective date on the Departmen	not meet the appli	icable statutory t	s award than 90 days	optional) after filing.) Pursua , this date will no	int to 605.02 of be listed :
record specifies a delayed effective date, bud is filed.	n not an effective	time, at 12:01 a.	m. on the earlier c	ii: (b) The 90th	day after th
Dated 05 - 21 - 2023		·	,		
Signature Signature	of a member or au	thorized representa	tive of a member		
Signature					

Filing Fee: \$25.00