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## **COVER LETTER**

TO: Registration Section

Division of Co	orporations		
Correa Pr	operties LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	Jennifer M. Correa		
		Name of Person	<del></del>
		Firm/Company	
	811 SW 23 Place	rith/Company	
		Address	<del></del>
	Ocala, FL 34471		
		City/State and Zip Code	<del></del>
	jamic@invictusfl.com		
	E-mail address: (	to be used for future annual report notification	n)
For further information	concerning this matter, please concerning	all:	
Jamie Blankenship		352 619-4477	
Name	of Person	Area Code Daytime Tele	phone Number
Enclosed is a check for	the 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 Addr Registration	Section	Street Address: Registration Section	
	Corporations	Division of Corpora The Centre of Tallal	
P.O. Box 63 Tallahassee,		2415 N. Monroe Str Tallahassee, FL 323	eet, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records	<u> </u>
Florida Limited Liability Company)	,
oility Company were filed on 11/22/2022	and assigned
ving:	
he limited liability company here:	
ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
ole:	<u>-</u> .
ADDRESS)	
<del></del>	···
	- •
<u> </u>	
gistered office address on our records, <u>enter there:</u>	he name of the new reg
Enter Florida street address	
, Flor	r <b>ida</b> Zip Code
	che limited liability company here:  ds "Limited Liability Company," the designation "ELC" oble:  ADDRESS)  Gistered office address on our records, enter there:  Enter Florida street address

## 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
AMBR	Ronald Roman		□Add
			□Remove
			■Change
			Add
			□Remove
			Change
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	·		□Change
			□Add
			Remove
	<del>:</del>		□ Change
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fective date, if other the effective date is listed, the ote: If the date inserted in ocument's effective date of	date must be specif n this block does	ic and cannot be p not meet the ap	rior to date of fili plicable statutor	ng or more than 90 d		
record specifies a delayed is filed.	effective date, bu	it not an effectiv	e time, at 12:01	a.m. on the earlie	er of: (b) The	e 90th day after the
		2023				
nted January 26			<del>-</del>			

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