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COVER LETTER

	Registration Se Division of Cor		,	
SUBJEO		perties ELC		
SUBJEC	JT:			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Filing Angela		
			Name of Person	
		ZenBusiness, Inc.		
			Firm/Company	
		5511 Parkerest Drive, STF	E 103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	all:	
Filing A	ngela		844 493-6249 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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 ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Patrum Properties LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company lorida document number 1.23000054628	were filed on 1/30/2023		_ and assigned	
This amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	o <u>ility company here</u> :			
/okami Properties LLC				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbre	viation "L.L.C."	
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		-1131	2023	
		200	TEB T	
			~ 	
nter new mailing address, if applicable:		3-2	_ '_	
Aailing address MAY BE A POST OFFICE BOX)	·	min min	3 0	
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		L13		
. If amending the registered agent and/or registered o	ffice address on our r	ecords, enter the	name of the	
gistered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
-	Emer 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 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		-	
			□ Add
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Note:	ive date, if other that ective date is listed, the da If the date inserted in ent's effective date on	this block does not	meet the applica	able statutory filii	(opti nore than 90 days afte ng requirements, th	ional) r filing.) Pursuant to 60. is date will not be list	5.0207 () ted as th
the rec) The	cord specifies a de 90th day after th	layed effective e record is filec	date, but not l.	t an effective	time, at 12:01	a.m. on the earli	er of:
Dated ,	February 16		2023	·			
	/s/ William D						
		Signature of a	a member or autho	orized representativ	e of a member		

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Filing Fee: \$25.00