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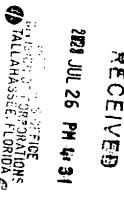
(Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	Business Entity Name)	
	Document Number)	
(Document Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to I	Filing Officer:	
		

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LA Season Beal Estate Tave Smith LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Cunedia Cohen Name of Person
In Season Real Estate Invistments LLC
5228 Boilard Dr. Address
Elachsonville, 71, 32209 City/State and Zip Code
inseason (all state investments of mail com E-mail address: (to be used for future annual report natification)
For further information concerning this matter, please call:
Name of Person at (904) 888-1028 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
© \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

In Season Deal Estate Invistments 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 June 12, 2023 and assigned Florida document number <u>L23000 281867</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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: (Muiling 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

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.

City

Zip Code

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
MGB.	Brian Da'Suan Cohun Sr	5238 Boiler 2 Dr. Tax, 71. 3220	Si (E/Add
			🗆 Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add

_	To be clear To would like to add Brian
=	Da' Buan Cohen Sr. as a partner or Mana-
_	gerin our LLC.
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m effec ote: I	ve date, if other than the date of filing:
ecord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited _	7/25/2023 — Cunedici Cohen
	Signature of a member or authorized representative of a member