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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: In Season Peal Estate Invistments 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 Diane Cohen Name of Person				
In Season Beal Estate Tovestments LC				
1805 MycHe Ave # 110 Address City/State and Zip Code Cunedia-Cohemagnail.com				
City/State and Zip Code				
Cunedia-Cohe Congrate Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cunedia Cohen at (904) 888-1028 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Slave of the Limited Liability Compan (A Florida Limited L.)	ny as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number 12300281867 .	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
	NA	
The new name must be distinguishable and contain the words "Limited Liabilite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the	e abbreviátion EL.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 2: 36
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	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 **Address** Type of Action **Title** Name | Brian Daduan Chen 9r 5228, Boilard Drive DAdd Jacksonville, Florida 32209 KREMOVE ☐ Change □Remove □**Cha**nge □Add □Remove _____ □Change _ 🗆 Remove ☐ Change Remove ____ Change

printed name of signee