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Division of Componations

Faw Number : (350)617-6383

Account Name : DBS DIFZ BUSINESS SERVICES INC

Account Number : 120170000886 Phone (813)871-1816 Fax Number (813)884-5920

> \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BS INVESTMENT PARTNERS.L.L.C.

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## ARTICLES OF AMENDMENT TO ... ARTICLES OF ORGANIZATION OF ...

55 INVESTMENT PARTNERS, LLC		
( <u>Name of the Limited Limbi</u> (A Floric	fity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number L23000441168	Company were filed on 09/22/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:		the name of the new
		() E)
New Registered Office Address:	Enter Florida street address . Florida	P ( )
		Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	. 7

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
MGR	DINORAH SANCHEZ	6325 NEW TOWN CIR B6	
		TAMPA, FL 33615	Remove
			■ Change
CEO	DINORAH SANCHEZ	6325 NEWTOWN CIR B6	
		TAMPA, FL 33615	■ Remove
			Change
MGR	MABEL BAEZ	6325 NEWTOWN CIR B6	<b>■</b> Add
		TAMPA, FL 33615	□ Remove
			☐ Change
			Add
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