## 123000452599

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## **COVER LETTER**

TO: , Registration Se Division of Cor					
Fidelis Acr	es Holdings LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lexie Rivers				
Name of Person					
Prime Corporate Services					
Firm/Company					
5250 S Commerce Dr Ste 200					
Address					
	Murray, UT 84107			2027 35	
City/State and Zip Code				NO.	7
	llesupport@primecorporate	services.com to be used for future annual report notific	cation)		7
For further information c	concerning this matter, please ca		.autony	2023 NOV 14 PM 3: 43 SECUL ANY OF STATE TALL PLASSEE, FL	
Lexie Rivers		at ()			
Name (	of Person	Area Code Daytime	Telephone Number	• •	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fidelis Acres Holdings LLC		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Con		and assigned
Florida document number L23000452599		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>	
Enter new mailing address, if applicable:		
		20
(Mailing address MAY BE A POST OFFICE BOX)		2023 NOV
		5 10 1
B. If amending the registered agent and/or register	red office address on our records, e	nter the name of the ne
registered agent and/or the new registered office addres	ss here:	real and the second second
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
THE TREE PROPERTY.	Enter Florida street address	
	, Floric	la
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DB Innovative Ventures LLC	30 N Gould St Ste R	□ Add
		Sheridan WY 82801	■ Remove
			Change
AMBR	Anielka M Solis	7901 4th Street North Suite 300	
		St. Petersburg, FL 33702	Remove
			Change
	***		□ Add
			Remove 2023
			PAGE SAIR Change
		<del></del>	☐ Remove
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Effective date, if other than the If an effective date is listed, the date mus	date of filing:	Age of filing or more than	(optional)	ant to 605 0207
Note: If the date inserted in this bl document's effective date on the D	lock does not meet the applicab	ole statutory filing require	ements, this date will no	ot be listed as
<u> </u>	<u> <del></del></u>			~
the record specifies a delayed) The 90th day after the re	ed effective date, but no ecord is filed.	t an effective time,	at 12:01 a.m. on t	ne earlier o
Dated October 17	2023			
	•	<u> </u>		
MHIKUK	Signature of a member or author			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00