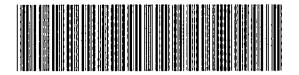
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COVER LETTER

TO: Registration S Division of Co		*			
	vestments Palm Harbor LLC				
Name of Limited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	William P. Bosson				
		Name of Person			
		Firm/Company			
	209 Somerset Lane				
		Address			
	Palm Harbor, Florida 3468				
	designit1964@yahoo.com	City/State and Zip Code			
or further information	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)		
Lynda Lawson		727 744-6366			
Name	Name of Person Area Code Daytime Telephone Numb		ne Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	S30.00 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 Addre		Street Address:	ation		
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & B Investments Palm Harbor LLC		
(<u>Name of the Limited I</u> (A	Liability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi	ility Company were filed on 11/29/2023	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
		,
B. If amending the registered agent and/or regi		ne name of the new regis
gent and/or the new registered office address h	ere:	
Name of New Registered Agent:		ـــِــ
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
-	City	Zin 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

Title	Name	Address	Type of Action
Director	William P. Bosson	209 Somerset Lane	≘ Add
		Palm Harbor, Florida 34684	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			☐Remove.
			□Change
			□∧dd
			□Remove
			□ Change
			□Add
			□Remove
			Changa

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: 01/01/2024
(If an effective date is listed, the date of filing) (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member William P. Bosson Typed or printed name of signee

Filing Fee: \$25.00