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## COVER LETTER

Division of Corporations
SUBJECT: Crown Property Tuvestor 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:
Monica Farrell Craichy Name of Person  Crown Property Juvators, LLC Firm/Jompany  1143 Sunlaw Duine #338  Address  Duiler France 11 32168  Cirv State and Zig Code
monica coalche @ amail-com
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Mausca Farvell Creucly at (321) 444-1138  Name of Person at (321) Daytime Telephone Number
Enclosed is a check for the following amount:  \$25.00 Filing Fee  \$30.00 Filing Fee & Certificate of Status  \$55.00 Filing Fee & Certificate of Status  \$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ cown loo	ecty In	vestors L	<u> </u>	
(Name of the Limited	Florida/Limited Lia	as it now appears on our i bility Company)	records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L24000023</u>		ere filed on	0/24	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	the limited liabili	ty company here:		
<u> </u>		<u>.</u>		
The new name must be distinguishable and contain the wor Enter new principal offices address, if applical		Company," the designation	1 "LLC" or the al	obreviation "L.L.C."
(Principal office address MUST BE A STREET	ADDRESS)			. 1
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		<b>Y</b>		
(Mailing address MAY BE A POST OFFICE B	(1)		•	:
(Muning address MAT BE ATOST OFFICE B	<u>osi</u> .			!
				(3)
B. If amending the registered agent and/or regarded agent and/or the new registered office address		dress on our records, g	enter the nan	ne of the new register
Name of New Registered Agent:		×		
New Registered Office Address:	1173	Swallow	Diene_	#338
	Winter"	Enter Florida street	address , Florida	32408 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

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Effect	ive date, if other than the date of filing: (optional)
lf an cf <u>Note:</u>	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed attent's effective date on the Department of State's records.
e reco	d 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
rd is fi	led.
	Lebruary 26 2024
Dated	-700 waiy 26 , 2029
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member