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COVER LETTER

•	istration Se ision of Cor			
SUBJECT:	2646 Mosk	ey, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Chris B. Turner		
			Name of Person	
		Law Offices of Scott L. So	elberg, P.C.	
			Firm Company	
		837 E. 1200 S.	Name of Person Tices of Scott L. Soelberg, P.C. Firm Company 200 S. Address TE 84097 City/State and Zip Code @gmail.com If-mail address: (to be used for future annual report notification) ais matter, please call: 801	
			Address	
		Orem. UT 84097		
			City/State and Zip Code	
		jschoolf@gmail.com E-mail address: (to be used for future annual report notil	fication)
For further i	nformation co	oncerning this matter, please ea	·	,
Chris B. Tu	ner			
	Name of	Person		e Telephone Number
linclosed is	a check for th	ne following amount:		
■ \$25.00 b	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Re Di P.(iling Addres gistration S vision of C D. Box 632 Hahassec, F	Section orporations 7	Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2646 MOSLEY, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) offity Company)	
The Articles of Organization for this Limited Liability Company we florida document number <u>L24000131132</u> .	ere filed on 03/18/2024	and assigned
forida document number		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liability	y company here:	
&C INV FL, LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		202
		2021 1.72
Annual Control		ਜ਼ਰੋ ।
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	<u></u>
		<u></u>
		. 1,9
If amending the registered agent and/or registered office add	iress on our records, enter the	e name of the new regi:
gent and/or the new registered office address here:	·	
Name of Mary Dagistariad Agents		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		da
	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>	Address	Type of Action
			□Remove
			⊡Change
			□Add
			□Remove
			□Add
			☐Remove
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(If an eff Note:	ive date, if other than the offective date is listed, the date must. If the date inserted in this blochent's effective date on the Depart.	be specific and cannot be prior to ok does not meet the applica			
ord is fi					iter the
Dated	MARCH 26	2024			
	MARCH 26 Chris Jun	ne			
	5	ignature of a member or author	rized representative of a memb	per	

Filing Fee: \$25.00