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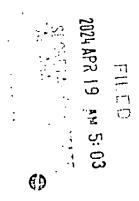
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COVER LETTER

TO: Registration Section Division of Corpora		;	÷	•	
SUBJECT: REF	UGE SMC Name of	. ← 1 Limited L	NVESTME iability Company	NTS L	<u>LC</u>
The enclosed Articles of Ame	ndment and fee(s) are	submitte	t for filing.		
Please return all corresponder	ce concerning this ma	tter to the	following:		
-	KIRST	EN	HALCRON Name of Person	N	
-	EMIG	RA-	Firm/Company	SA	·
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_	Kirster E-mail addre	1 @ e/ ss: (to be t	nigrate 2	USA . <u>CO</u> Treport notification	29
For further information conce	rning this matter, plea	se call:			
KITS LV Name of Per	Halcrow		_ at (<u>904</u>) Area Code	B12 230 Daytime Telep	03 hone Number
Enclosed is a check for the fo	lowing amount:				
□ \$25.00 Filing Fee X	\$30.00 Filing Fee & Certificate of Status		\$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REFUGE SAGE INVESTMENTS LLC

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000 [b341.8]</u>	were filed on $04 05 2024$ and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Enter new mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Name of New Registered Agent:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	90 FORT WADE, SUITE 100
(Principal office address MUST BE A STREET ADDRESS)	
	FLORDA, 32081
Enter new mailing address, if applicable:	90 FORT WADE, SUITE 100
(Mailing address MAY BE A POST OFFICE BOX)	PONTE UEDRA
	FLORIDA, 32081
	and the second s
agent and/or the new registered office address here:	——————————————————————————————————————
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 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
			□ Add
			□Remove
			□Change
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KIRSTEN HALCOW Typed or printed name of signee									