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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BOFFO REAL ESTATE Group UC 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:
James Cooke Name of Person
BOFFO REAL ESTATE Group LLC Firm/Company
7070 SW 1015+ PlacE
Ocala FL 34474 City/State and Zip Gode
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tayries Cooke at (382) 427 - 1072 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

BOFFO REAL	- ESTATE Croup LLC
(<u>Same of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following:	
(Name of the Limited Liability Company as it now appears on our fecords.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on S-14-2024 and assigned Florida document number L-24DDO2-24HD. 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) 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: New Registered Office Address: Enter Florida street address Florida Florida Florida	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	and assigned 24000224110 d to amend the following: er the new name of the limited liability company here: hable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." s address, if applicable: UST BE A STREET ADDRESS) s, if applicable: A POST OFFICE BOX) red agent and/or registered office address on our records, enter the name of the new registered tered office address here: istered Agent: ffice Address:
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	Cuy 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 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
MGR	SARAH COOKE	7070 SW 61St PlacE	□Add
		Ocala, FL 34474	Remove
			🗆 Change
MBR	Buffo Holdings Group uc	7070 SW Colst Place	□Add
		Ocala, Fr 34474	Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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ı effe <u>te:</u>	ve date, if other than the date of filing:
corc s file	I 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 ed.
ed_	NOVEMBER 1 DOZY
	Signature of a member or authorized representative of a member
	James Cooké