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SECRETARY OF STATE

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COVER LETTER

Tallahassee, FL 32314

		ation Sec n of Corp	ction porations				
CHRIC		OPERFI.	JP LLC				
SUBJEC	-1: <u> </u>		Name of Lim	ited Liability Company			
The encle	osed Ar	ticles of .	Amendment and fee(s) are sub	mitted for filing			
			ndence concerning this matter				
			Luis Eugenio Davila				
				Name of Person			
			Regal Tax Advisory Group	LLC			
				Firm/Company			
			1500 NW 89TH CT STE 1	06			
				Address	202 SE		
			2024 NOV -5 PH 6: 3 SECRETALLANDS RESTAIL				
			City/State and Zip Code				
			Luis@regaltax.us	ਲੈ. ਅਲੀ ਾ ਹ			
			E-mail address: (to be used for future annual report notification)	TEST THE		
For furth	ier infor	mation co	oncerning this matter, please co	all:	<u>್ಷಾ</u> ಪ್ರ		
Luis Eug	genio Da	avila		305 6038310			
		Name of	Person	Area Code Daytime Telephon	e Number		
Enclosed	l is a ch	eck for th	e following amount:				
□ \$25.0	00 Filin	ig Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi	z Address ration S on of Co Box 632	ection orporations	Street Address: Registration Section Division of Corporation The Centre of Tallahass			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROPERFLIP LLC					
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears of Liability Company)	on our records.)		
The Articles of Organization for this Limited E		were filed on $\frac{06/24}{1}$	4/2024	and assigned	
Florida document number L24000284094	·				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here	<u>2</u> :		
D' Franco Investment LLC					
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the des	ignation "LLC" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if appli	cable:	N/A			_
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			2024 SEC	-
			_		-5
Enter new mailing address, if applicable:		N/A	<u>-</u>	5 5 F	···
(Mailing address MAY BE A POST OFFICE	(BOX)]
				- TEX - 3	_
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our rec	ords, <u>enter the na</u>	, ,	ere
Name of New Registered Agent:	N/A				_
New Registered Office Address:	N/A				
		Enter Florid	a street address		
	N/A		Florida 💆	N/A	
		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 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
N/A	N/A	N/A	
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			□Add
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<u>e:</u> If the date inserted i	n this block does i	not meet the applic	able statutory filin	g requirements, th	is date will not be	listed
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Filing Fee: \$25.00