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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of C	Corporations			
	Assets LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter	to the following:		
	John Reisigl			
		Name of Person		
	Fireside Assets LLC			
		Firm/Company	. .	
	4491 Danielson Dr.			
		Address		
	Lake Worth, FL 33467			
		City/State and Zip Code		
	jreisigl@yahoo.com			
	E-mail address: (to be used for future annual report notification	on)	
For further informatio	n concerning this matter, please co	all:		
John Reisigl		561 818-4533		
Nan	e of Person	at () Area Code Daytime Tel	ephone Number	
Enclosed is a check for	or the following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Add		Street Address: Registration Section	n	
Registration Section Division of Corporations		-	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fireside Assets LLC		
(Name of the Limited Liability (A Florida)	Company as it now appears on our recor Limited Liability Company)	<u>(ds.</u>)
he Articles of Organization for this Limited Liability Co	mpany were filed on 8/5/2024	and assigned
lorida document number L24000342949		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limit	ed liability company here:	
he new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LL	C" or the abbreviation, "L.L.C."
nter new principal offices address, if applicable:		. T. T. SEE
Principal office address MUST BE A STREET ADDRI	ESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	office address on our reports, anta-	r the name of the new regis
gent and/or the new registered office address here:	office address on our records, ente	the hame of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, F	lorida
	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 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	John Reisigl	4491 Danielson Dr.	≡ Add
		Lake Worth, FL 33467	🗖 Remove
			Change
		Add	
		□ Remove	
		□Change	
			Remove
			Change
		□Add	
			Remove
			□ Change
		□Add	
			Remove
		Change	
		□Add	
		□Remove	
		□ Change	

). 11 amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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(If an effe Note: I	tive date, if other than the date of filing:
he record ord is file	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 d.
Dated _	August 27. 2024. Signature of a interiber or authorized representative of a member
	Signature of a presiber or authorized representative of a member
	John Reisigl
	Typed or printed name of signee

....

Filing Fee: \$25.00