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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| | | ration Sec on of Corp | | | |
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| emp ico | om. | | INVEST PROPERTY, LLC | | |
| SUBJEC | LI: | | Name of Limi | ted Liability Company | |
| The encl | losed A | nicles of A | mendment and fee(s) are sub- | nitted for filing. | |
| Please re | cturn all | correspon | dence concerning this matter | to the following: | |
| | | | SHERISSA ZAMBRANO | OMANA | |
| | | | | Name of Person | - |
| | | | BEZAM INVEST PROPE | RTY, LLC | |
| | | | | Firm/Company | |
| | | | 4860 RED EGRET DRIVE | : | |
| | | | | Address | |
| | | | JACKSONVILLE - FL 322 | 257 | |
| | | | | City/State and Zip Code | |
| | | | BEZAMINVESTPROPERT | | |
| | | | E-mail address: (| o be used for future annual report no | ification) |
| For furth | ner info | rmation co | ncerning this matter, please ca | all: | |
| SHERISSA ZAMBRANO | | 904 962-7885 | | | |
| Name of Person | | at () Area Code Daytir | ne Telephone Number | | |
| Enclosed | d is a ch | eck for the | e following amount: | | |
| ■ \$25 . | .00 Filin | ng 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) |
| | | g Address | | Street Address: | |
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| | | Box 6327 | | The Centre of | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| it now appears on our records.) ty Company) |
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| filed on 08/29/2024 and assigned |
| |
| company here: |
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| ompany," the designation "LLC" or the abbreviation" L.L.C." |
| JUN - 9 1 |
| 119. 2. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10. |
| ess on our records, <u>enter the name of the new regist</u> |
| |
| 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 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 |
|--------------|---------------------|----------------------------------|----------------|
| AMBR | ABRIL BECERRA RUEDA | 4860 RED EGRET DR JAX - FL 32257 | |
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| ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the | nust be specific and cannot be prior block does not meet the application. | able statutory filing requirer | (optional) days after filing.) Pursuant to 605.0207 nents, this date will not be listed as |
| | tive date, but not an effective ti | me, at 12:01 a.m. on the ear | lier of: (b) The 90th day after the |
| | | | |
| record specifies a delayed effect is filed. MAY 22, | 2025 | <u> </u> | |
| I is filed. | Ginal . | <u> </u> | |
| I is filed. | Ginal . | orized representative of a memb | per |