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(Requestor's Name) (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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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

12/20/2022

D	ate:1	2/20/2022	4: () W
		Acc#I20160000072	4n: C > 5 V
Name:	CFAM Investr	ments, LLC	
Document #:			
Order #:	14688677 - 6		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:	<u> </u> }	Country of Destination: Number of Certs:	
Filing:	Certified: V Plain: V COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	2 5.00	

Thank you!

DocuSign Envelope ID: 964F239C-F3E2-454C-A71F-E4D0453977A1 COVER LETTER

TO: Registration Sec Division of Corp			
CFAM Inves	stments, LLC		
30b3EC1.	Name of Limit	ted Liability Company	
	Amendment and fee(s) are submidence concerning this matter t		
	Sean Patrick Christopher		
		Name of Person	
	CFAM Investments, LLC		
		Firm/Company	
	2402 W. Cleveland Street		
		Address	
	Tampa, FL 33609		
	spchristopher@cfaminvestm	City/State and Zip Code	
	· · ·	o be used for future annual report not	utication)
For further information co	oncerning this matter, please ca	ill:	
Scan Patrick Christopher		813 258-1313 at ()	
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	XI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

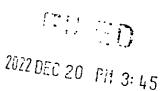
Mailing Address:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		٠.	11, 3:45
CFAM Investments, LLC		<u>:</u>	
(Name of the Limi	ted Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.r	
he Articles of Organization for this Limited L lorida document number L12000135933	iability Company were filed on	0/24/2012	and assigned
nis amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name of	of the limited liability company	here:	
		The state of the s	the cities of t C "
he new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the	appreviation " L.L.C."
inter new principal offices address, if applie	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		<u></u>	
 If amending the registered agent and/or regent and/or the new registered office address. 		records, enter the na	me of the new regist
gent and/or the new registered office addre	iss here.		
Name of New Registered Agent:	CT CORPORATION SYSTEM	1	
New Registered Office Address:	1200 S PINE ISLAND RD		
	Enter F	lorida street address	
	PLANTATION	, Florida -	33324
	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.

Tother A Whilehow Ast Secutions
If Changing Registered Agent, Signature of New Registered Agent

(Caethryn W. Widdocs

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11 amending Authorized rerson(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

Title	<u>Name</u>	Address	Type of Action
MGR	Sean Patrick Christopher	2402 W. Cleveland Street	□Add
		Tampa, FL 33609	□Remove
			■Change
			DAdd
			□ Remove
			Change
			□Add
			Remove
			Change
			DAdd
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k (f ectiv	a data if other than the date of filing: (optional)
Note: I	tive date, if other than the date of filing:
e record rd 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 _	12/7/2022
	Sease Balanch Il without an
	Scan Patrick Unistopher Signature of a member or authorized representative of a member
	Sean Patrick Christopher

Filing Fee: \$25.00