L030000 17205

(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:
J. HORNE
AUG 3 1 2022

Office Use Only



900389425889

06.13/23--01027--004 **30.00

SECRETARY OF SHA

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
eun m		INVESTMENTS, LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Stephen C. L. Chong		
			Name of Person	
		Mateer & Harbert, P.A.		
			Firm/Company	
		225 E. Robinson Street, Su	ite 600	
		•	Address	·
		Orlando, FL 32801		
			City/State and Zip Code	
		schong@mateerharbert.com	to be used for future annual repo	ort notification)
For furth	her information e	oncerning this matter, please of		in inclinically
	C. L. Chong	wheeling the himself, premo e	407 425-90	144
		of Person	at () Area Code E	Daytime Telephone Number
Enclose	d is a check for th	he following amount:		
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration	Section	Street Addre Registratio	
	Division of C	corporations	DIVISION	i Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



3D HOME INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

vere filed on	and assigned
ity company here:	
y Company," the designation "ELC" o	r the abbreviation "L.L.C."
ldress on our records, <u>enter th</u>	e name of the new registered
	<u> </u>
Enter Florida street address	
. Flori	ida
Cuy	Zip Code
e to act in this capacity. I furd performance of my duties, and povided for in Chapter 605, F.	I am familiar with and
	Enter Florida street address City to act in this capacity. I further formance of my duties, and

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager		
5	MGR = Manager	
	AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
	 		□Add
			□Remove
	 		□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

					<u> </u>	
						
						
						-
						
			_ _			
					<u> </u>	
·					· <u> </u>	
<u> </u>			_ _			
			<u></u>	_		
an effective date is lote: If the date i	other than the dat listed, the date must be nserted in this block we date on the Depar	specific and cannot be does not meet the	applicable statute	ling or more than 90 ory filing requiren	(optional) days after filing.) Potents, this date wi	arsuant to 605.0207 Il not be listed as
record specifies a lis filed.	delayed effective da	te, but not an effec	ctive time, at 12:0)1 a.m. on the earl	ier of: (b) The 9	0th day after the
ated	10	2022	·			
	MA ACT	Demi				
	1111112	IIN AVVIX.				
	Sign	lature of a member of	or authorized repres	sentative of a membe	<u></u>	

Filing Fee: \$25.00