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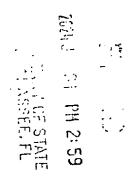
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Con	porations		
SUBJECT:	SLP INVESTI	MANT WOUP, LD	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	/LAST	Name of Person	
	SLP Inv	ESMINE WAY,	660
	1391 NW	Saint Lucie B	Wd., 193
	Part Saint a	City/State and Zip Code 1 hal 85 @ AMAI	1.000 = 1
	E-mail address: (1	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please of	all:	My 12
KIJSFA M	Person	at (_50/	9415 THE SO
Enclosed is a check for th	ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	porations
P.O. Box 632	7	The Centre of T	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUP INVESTME (Name of the Limited Liability (A Florida L	Company as it now appears on a united Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>LOLOOO583</u>	mpany were filed on	14/06	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite SLP G/Obo/ LL The new name must be distinguishable and contain the words "Limite"	C.	ation "LLC" or the abbrevia	ation "L.L.C."
	O maining Company, the dompin	:	u.,9
Enter new principal offices address, if applicable: (<i>Principal office address MUST BE A STREET ADDRE</i>	(22)		
Trincipal office data cs. WOOT 1927 OT CELL (1999)			· ``
	-		
Enter new mailing address, if applicable:		,	THE
(Mailing address MAY BE A POST OFFICE BOX)		TE	<u> </u>
		m	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name of</u>	the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	treet address	
		, Florida	
	Ciţv	Zi	ip 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
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			Change
			É⊑ ÉGAdd
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			Remove
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			Change

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Tective date, if other than the date of for a effective date is listed, the date must be specificate: If the date inserted in this block does recument's effective date on the Department	ic and cannot be prior to not meet the applicab	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) ements, this date w	Pursuant to 605.02 vill not be listed
record specifies a delayed effective he 90th day after the record is fil	ve date, but not led.	an effective time, a	t 12:01 a.m. o	n the earlier
and July 22	2024	_ ·		
Signature	of a member or author	ized representative of a me	mber	