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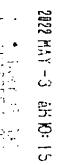
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COVER LETTER

	Registration So Division of Co			c		•
eun irz		ESTMENT TRADERS, LLC		•	•	
SUBJEC	,1: <u></u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		GEORGE G DANIELS				
			Name of Person			
		TAFT INVESTMENT TR	ADERS, LLC			
			Firm/Company			
		526 THORPE ROAD				- , t-
			Address			,₹
		ORLANDO, FL 32824				# 15.5 2.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1
			City/State and Zip Cod-	e		4, 54 1 <u>51</u> 1
		josed@dmctools.com	to be used for future annua	1		
For furth	er information c	concerning this matter, please co		n report notifica	11011)	- **
JOSE T	DAVIS		407 8	55-6161		
	Name o	f Person	Area Code	Daytime Te	elephone Number	
Enclosed	is a check for the	he following amount:				
■ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		Certified C	of Status &
	Mailing Addres Registration 5			Address: ration Section	on	
	Division of C	Corporations	Divisi	on of Corpoi	rations	
	P.O. Box 632	! /	The C	entre of Tall	ahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

2022 HAY -3 GO NO 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny us it now appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on NOV 26-2008 lorida document number L08000109430		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	Gity Company," the designation "Li.C" or the	ne abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
Section 19 and the 16 at 19 at 19		0 PR		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the n	name of the new regis		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida	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 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

Title	Name	Address	Type of Action
MGR	GEORGE G DANIELS	526 THORPE ROAD ORLANDO FL 32824	
			□Remove
			□Change
MGR	GEEORGE G DANIELS	526 THORPE ROAD ORLANDO, FL 32824	□Add
			= Remove
			□Change
			□ Remove - 3
			□ Add
			□Remove
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	yed effective date, bu	ut not an effective ti	me, at 12:01 a.m. or	n the earlier of: (b)	The 90th day after the
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is filed.	Jelly Gelly	2002	AM.		<u>-</u>

Filing Fee: \$25.00