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COVER LETTER

TO: Registration Sec Division of Corp				
_	I Investments, LLC			
SUBJECT:				
	Name of Lin	nited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	David Eddy			
		Name of Person		
	D.A. Eddy, PLLC			
		Firm/Company		
	648 NE 3rd Avenue			
		Address		
	Fort Lauderdale, FL 33304	i	202 S ₁	
	deddy@eddy.law	City/State and Zip Code	2023 FEB 16 SNALLAGA	
	E-mail address: (to be used for future annual report notification)	• 7.7 •	
For further information co	ncerning this matter, please c	all:	A A	1
David Eddy		954 527-4111	AH 9: 12 OF STATE SEE, FL	Control of the Contro
Name of	Person	at ()	nber N	
Enclosed is a check for the	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ificate of Status & fied Copy ional copy is enclosed)	

Programme Annual States

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _ 1.10000004261 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

Heatherwood Investments, LLC

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>	<u>Address</u>	Type of Action
MGR	Scudder Jr, Frank A.	604 SE Osceola Avenue	
		Ocala, FL 34471	
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Effective date, if other than the date of an effective date is listed, the date must be a Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days does not meet the applicable statutory filing requirement	(optional) s after filing.) Pursuant to 605.0207 is, this date will not be listed as t
record specifies a delayed effective dad d is filed.	te, but not an effective time, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
February 13	2023	20
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1628	nature of a member or authorized representative of a member	
Sign	nature of a member or authorized representative of a member	y =
Robert Kirk Scudder		M 9 M 9 M 9 M 9 M 9 M 9 M 9 M 9 M 9 M 9
	Typed or printed name of signee	