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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER TO: Registration Section **Division of Corporations** Name of Limited Liability Compan The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 454 - 2221 - OR-Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee \$55.00 Filing Fee & □ \$30.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa	Investments, LLC
(A Florida Limited liability Compa	iny as ignow appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 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:
<i>N/A</i>	
The new name must be distinguishable and contain the words "Limited Liabil	lity Combany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A Fig.
Principal office address MUST BE A STREET ADDRESS)	8. LEC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of	Alice Walker Programme of the new
egistered agent and/or the new registered office address here	e:
Name of New Registered Agent:	Alice Walker (owner)
New Registered Office Address:	215 N.W. Santa Fe Blud.
-High	Enter Florida street address PRINGS Florida 32643 City Zip Code
Saw Dagistanak t antila Cimatana 16 ta anti-	I

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

Page 1 of 3

If amending or removed f	Authorized Person(s) authorized to ma rom our records:	nage, <u>enter the</u>	title, name, and address of each	person being added
MGR = Ma	inager ithorized Member			
<u>Title</u>	<u>Name</u>	Address		Type of Action
MUR. PRUSTEE	GROJEY, Daniel, J. JR.	305	Oak Lone.	Add
		Warne	e Robins, bo. 3/088	☑ Remove
TanaTaa	0			Change
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(If an effi Note:	ffective date, if other than the date of filing: (optimize the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the earlie	r of:
Dated	1_1-6-18		
	x Ortice walker		
	Signature of a member or authorized representative of a member		
	Alice Walker owner Typed or printed name of signee	<u></u>	

Page 3 of 3

Filing Fee: \$25.00