LB000/8906

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COVER LETTER

		INVESTMENTS LLC		
SU	BJECT:	Name of Limite	ed Liability Company	
The	enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Ple	ase return all correspon	dence concerning this matter to	o the following:	
		GREGORY S. OSWALT		
			Name of Person	
		GSOCPA LLC		
			Address	
		DESTIN, FL 32541		
		E-mail address: (to	o be used for future annual report notific	ation)
Fo	r further information co	oncerning this matter, please cal	II:	
GI	REGORY OSWALT		850 654-9054 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
En	closed is a check for th	e 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 ADDRESS:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LPKK INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 02/06/2013 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L13000018906 Florida document number 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 "LLC" or the abbreviation "L.L.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:

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

, Florida

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	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PETR KASPAREK	67 SUNSET AVE SANTA ROSA BCH FL 32459	∃ Add
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Effective dat	te, if other than the da	ite of filing:		(option	al)
	amorred in dill older	r anes not meet rife abb	meable Statutory fills	sore than 90 days after filling requirements, this di	ing.) Pursuant to 605,0207 ate will not be listed as
document's e	ffective date on the Depa	irunent of State's recor	as.		
ne record s The 90th	specifies a delayed e day after the record	rrective date, but i	not an effective	ime, at 12:01 a.n	n. on the earlier of
Dated	October 15	2018			
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Typed or printed name of signee

Filing Fee: \$25.00