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COVER LETTER

	gistration Sec vision of Corp			
CHD IE/T		stments, LLC		
SUBJECT:			ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Judy Karniewicz, Esq.		
			Name of Person	
		The Kamiewicz Law Group	p	
			Firm/Company	
		1211 W Fletcher Ave.		·
			Address	
		Tampa, FL 33612		
			City/State and Zip Code	
		liza@tklg.net		
For further i	nformation co	n-mail address: (t nocerning this matter, please ca	to be used for future annual report not	incation
Judy Karnie	ewicz, Esq.		813 962-0747 at ()	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for the	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 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

FILED

2022 MAY 25 PM 3: 08

SECRETARY OF STATE TALLAHASSEE, FL

Takapa Investments LLC

(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 July 19, 2013	and assigned		
Florida document number L13000102684				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	e 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 agent and/or the new registered office address here:	address on our records, enter the r	ame of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	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 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
MGR	Heather B. Powell	5230 Cavalier Dr.	
		Crestview, FL 32539	□ Remove
			□ Change
			□Add
			□ Remove
			□ Change
			Dbdd
			□Remove
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n effective date is listed, the date must te: If the date inserted in this bloom	he specific and c	annot be prior t	o date of filing o	r more than 90 d	ıys after fili	ng.) Pursuan	t to 605.0	207
cument's effective date on the Dep	partment of Sta	ite's records.	ole statutory i	ining requireme	no, mo oc	ic will not	oc iişicc	
ecord specifies a delayed effective is filed.	date, but not a	n effective tir	ne, at 12:01 a.	m. on the earlie	r of: (b)	The 90th d	ay after i	the
		2022						
May 23								
ted May 23	PU.		<u>.</u> .					
	ignature of a me	ember or autho	ized representa	tive of a member				