## L14 C00059338

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2022 OCT 17 AN IO: 58
SECRETARY OF STATE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: <u>Auch</u>	ael Ca Verdie Name of Lim	re In wstnerts, ited Liability Company	LIC
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return aff correspond	lence concerning this matter	to the following:	
	nichael	La Vendiere Lame of Person	
		Caverdiere Inves	
	2347 C	Address  FL 3410  City/State and Zip Code  Vendieve 1 9 M  to be used for future annual report notifice  mil:	2 <b>n</b>
	Nagler	City/State and Zip Code	22.0CT 1.
	mikela	verdieve 1 3 M	ist mail. com
For further information con	cerning this matter, please co	nil:	1.0. t
Michael	La Verdere	at (239) 40 4-	6611
Name of P	erson	Area Code Daytime	etephone Number
Enclosed is a check for the	following amount:		
≥ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Address: Registration Sec Division of Cor		Street Address: Registration Section Division of Corporate	orations
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Tal 2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Laverdi	ere Investments	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)	<del>/</del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L1400059338</u>	were filed on 4 10 2	014 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	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	8891 Brighto Suite 188 Bonita Spring	s FL 34135
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:  Name of New Registered Agent:  New Registered Office Address:		e name of the new registered  SECRETARY  ALLAHAS
	Enter Florida street address Flori	EE F
	, Flori	iri 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
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Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 d  Note: If the date inserted in this block does not meet the applicable statutory filing requiremed document's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied is filed.	er of: (b) The 90th day after the
Dated October 13. 2022 Michael Ly Verder	
Signature of a member or authorized representative of a member	r
Michael Caverdiere	