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(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Busir	ness Entity Nai	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ling Officer:	-

Office Use Only



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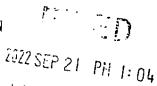
A. TUTLER
DEC 2 4 2022

COVER LETTER

	Registration Section Division of Corporations			
	IVC Investments	s LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
	Douglas C Long			
		Name of Person		
	Accounting Techs Inc			
		Firm/Company		
	13550 Village Park Drive,	Suite 310		
		Address		
	Orlando, FL 32837			
		City/State and Zip Code		
	delong@cfl.rr.com	to be used for future annual report no	Militeration)	
For further information	concerning this matter, please c		Arreaton)	
Douglas C Long		407 343-5590		
Name	of Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for	the 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)	
<u>Mailing Addr</u> Registration		Street Address: Registration S	Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



IVC Investments LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our reco Jability Company)	irds.)
The Articles of Organization for this Limited Liability Company Florida document number L14000159355	were filed on Apr 27, 2022	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:	
Red Salamander Group LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	- P/A	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:	r/A	<u> </u>
New Registered Office Address:	Enter Florida street add	ress
	,	Florida
- 	City	L 101104

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
<u>.</u>	NA		□Add
<i>/ - v ·</i>	/ U '		□Remove
			☐Change
			□Add
			□Change
			DAdd
			□Remove
	-	□Add	
		□Remove	
			□Change
			□Add
			□Remove
			
			□Add
			□Remove
			□Change

D. If amer	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	NA
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-	
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Note: 1	re date, if other than the date of filing:
If the record record is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Sep 14 2022
	Signature of a member or authorized representative of a member
	Douglas C Long
	Typed or printed name of signee

Filing Fee: \$25.00