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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations		
SUBJECT: MCFarlin investmen	H 11.0	
Name of Limited	Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.	
Please return all correspondence concerning this matter to the	ne following:	
	-	
Draw	McFarlin	
	Name of Person	
	Firm/Company	
<u>6970 NOHN</u>	Palm Oak Drive	
	Address	
<u>Hernando</u>	T1 311447	
Ci	ty/State and Zip Code	
<u> </u>	inegmail.com	
E-mail address: (to be For further information concerning this matter, please call:	used for (uture annual report notification)	
Drew McFarin	_at(727_)	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigsim \$30.00 Filing Fee &	S55.00 Filing Fee & S60.00 Filing Fee,	
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2021 OCT 12 PH 4: 23 INVEHMENTS LLC

SECRETARY OF STA

imited 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 _____ 5 | 4 | 7 | 0 | 10 | and assigned Florida document number L1U000087977 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 ___, Florida ____ City 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□Remove
			□Change
			🗀 Add
			Remove
			□Change
			□Add
		☐Remove	
		-	□Change
			□Add
			□Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated OCHOBER 4th 2021. Signature of a member or authorized representative of a member
Typed or printed name of signee

Entre Discour