L16 000 101 184

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	fdress)	
(Ci	ty/State/Zip/Phone #	7)
. PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Cor			*
Desert Investigation	stments LLC		ş
Bobbsel.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Margaret Colleen Carroll		
		Name of Person	
	Desert Investments LLC		
		Firm/Company	
	1541 S Ocean Blvd - Unit	123	
		Address	
	Pompano Beach, FL 3306	2	
	 	City/State and Zip Code	
	mcarroll.mahon@gmail.con	n to be used for future annual report notif	ication)
For further information co	oncerning this matter, please or	•	realton)
Margaret Colleen Carroll		480 797-6398	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed 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 S		Street Address: Registration Sec	A:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Desert Investments LLC	4 11 11 11 11 11 11 11 11 11 11 11 11 11		
(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	Company)	
The Articles of Organization for this Limited Florida document number L16000101184	Liability Company were fil	led on 05/24/2016	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
	·		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
		•	1
B. If amending the registered agent and/or agent and/or the new registered office addr	9	on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:	Magaret Colleen Carrol	l 	
New Registered Office Address:	1541 S Ocean Blvd - Ur	nit 123	
		Enter Florida street address	
	Pompano Beach	, Florid	ia 33062
	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 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
AMBR Margaret Colleen Carroll	Margaret Colleen Carroll	1541 S Ocean Blvd - Unit 123	□Add
		Pompano Beach, FL 33062	
			
			□ Add
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			☐ Change
			□Add
			□ Remove
		□Change	
		□Add	
		□ Remove	
		Change	
		□Add	
			Remove
			[] Change

in effecti <u>ote:</u> If	date, if other than the date of filing:
ecord s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited	1/20/2023 MULLIKERO Signature of a member of a uthorized representative of a member
	MUCARPOLL.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00