600300339426
000000000420
06/15/1701020026 ★+25.00
JUN 15 AH D: LO ION OF CONFORATIONS

# COVER LETTER

TO: Registration Section Division of Corporations

nvestments LLC SUBJECT: Name

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

SI \$25.00 Filing Fee

Certificate of Status

S55.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF A TC ARTICLES OF OI OF	RGANIZATION
<u>(Name of the Limited Liability Compan</u> (A Florida Limited Li	<u>EXAMPLESTMENTS</u> , LLC ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number $1600011502.7$	vere filed on $6 - 16 - 16$ and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	y Company," the designation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	5 AH D. 49

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Sharon J. Suggs			
New Registered Office Address:	2033 Salt Myrtle Lane			
	Fleming Island, Florida 32003 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			Remove
			Change
			🗆 Add
		Remove	E Remove
			Change
<u></u>			Add
			Remove
			Change
			🗆 Add
			Remove
		······	Change
	·		Add
			Remove
			🖸 Change

	, <u>.</u> .	<b>_</b>	<u> </u>			
			·······	<u> </u>		
		<u></u>			<u> </u>	<u> </u>
÷	<u> </u>					
			<u> </u>			
<u> </u>			········			
	_					
				<u> </u>		
·	······································				·	10, 1
<b>-</b>			<u> </u>	<u> </u>		TT JUN IS AHID: 49
		<u> </u>		<u></u>	- <u>_</u>	
		<u> </u>				10 <b>5</b>
				·		<u>07</u>
				<u>_</u>		
<u>oic.</u> If the date	if other than the dat is listed, the date must be inserted in this block	does not meet th	e applicable stati	filing or more than 90 atory filing requiren	(optional) days after filing.) i pents, this date w	Pursuant to 605.0207 (1 fill not be listed as th
cument's effec	tive date on the Depar	tment of State's	records.			
record spe	rifies a delayed of	fective date	hut oot op off		12.04	
The 90th da	cifies a delayed ef y after the record	is filed.	but not an en	rective time, at	12:01 a.m. o	n the earlier of:
1	120 12	0				
	ne 12	2	017	2		
	0	$\sim$	$\sim$	-		
ned JU	Slas		$)$ . $\Lambda$	1,000		

Page 3 of 3

Filing Fee: \$25.00