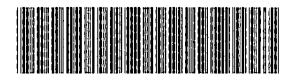
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STORETARY OF STATE
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## **COVER LETTER**

TO:		stration Se ion of Cor			,	
CUBICA	 CT:	Equos Inves	stments Group, LLC			
SUBJE.	C 1	<del></del>	Name of Lim	ited Liability Company		-
The encl	losed /	Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn a	il correspo	ndence concerning this matter	to the following:		
			Michael E. Steuer			
				Name of Person		_
			Michael E. Steuer, CPA, P	.A.		
				Firm/Company		_
			1000 S. Belcher Rd. Ste 7			
				Address	* , ** , * , ** , ** , ** , ** , ** ,	_
			Largo, FL 33771			
			myinfo@miketheepa.com	City/State and Zip Code		_
			E-mail address: (	to be used for future annual rep	ort notification)	-
For furth	her inf	ormation co	oncerning this matter, please ca	all:		
Michael	l F., Sto	euer		727 797-9	000	
		Name of	f Person		Daytime Telephone Numb	ner
Enclosed	d is a c	theck for th	ne following amount:			
<b>■</b> \$25.	.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Certifi ed) Certifi	Filing Fee, cate of Status & ed Copy nal copy is enclosed)

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

Street Address: 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

Equos Investments Group, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears of liability Company)	our records.)	
The Articles of Organization for this Limited I		were filed on October	or 13th, 2016	and assigned
This amendment is submitted to amend the fol	lowing:			
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	ity Company." the desig	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
			· · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	(BOX)			
				<del></del>
B. If amending the registered agent and/or agent and/or the new registered office address.		address on our reco	rds, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:	Michael E. Steu	ier, CPA, P.A.		
New Registered Office Address:	1000 S Belcher	Rd Suite 7		
<del></del>		Enter Florida	street address	
	Largo		, Florida <u>33</u>	771
		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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
		<del> </del>	☐Add
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			□Change
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Effective date, if other than the date of filing:	Effective date, if other than the date of filing:			-
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Signature of a member or authorized representative of a member		Dated September 23	. 2022	
Singulation of a member of authorized representative of a member		Dri D. Mayo	Junuture of a member or authorized representative of a member	
	Lori D. Mays	5	ignature of a member of authorized representative of a member	