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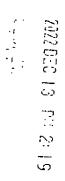
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

	vestments, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jesse Guthic		
		Name of Person	
	Guthrie Investments, LLC		
		Firm/Company	
	518 Futch Way		2:
		Address	2022 DE
	Sebastian, FL 32958		-1 (1)
		City/State and Zip Code	
	jesse@rwconst.com		· :
	E-mail address: (to be used for future annual report notification	on)
For further information of	concerning this matter, please c	all:	61
Jesse Guthrie		772 453-3435	
Name (of Person	at () Area Code Daytime Tele	ephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str	ntions hassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guthrie Investments, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)
he Articles of Organization for this Limited Liability Company of	were filed on October 17, 2016 and assigned
orida document number L16000191409	
nis amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liabil	lity company here:
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	-[i, 1:1
	- <u>(</u> (.)
	13
nter new mailing address, if applicable:	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	
	9
3. If amending the registered agent and/or registered office as gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the name of the new reg
	Enter Florida street address
	Florida
	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	Brian Neu		■Add
			□Change
			Remove
			□Change
 -			
			Remove
			☐Change ☐Change ☐ ☐Add
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

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					5
 					<u> </u>
					
reflective date is listed, the term of the date inserted.	than the date of filing: e date must be specific and c in this block does not me on the Department of Sta	annot be prior to e et the applicabl			g.) Pursuant to 605,02
cord specifies a delayed s filed.	d effective date, but not a	n effective time	, at 12:01 a.m. on the	earlier of: (b) - 3	he 90th day after th
	1	2022			
ed December 8			•		

. .

Filing Fee: \$25.00