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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 40 PROJERTOES & Name of Limited Liability Company	INVESTMENT LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAMIEN ATAWA-	/
40 PROPERTIES FIRM/Company	9 INVESTMENT LLC
2621 SAH DIE6 Address	O RO
City/State and Zip Code ### City/State and Zip Code ###################################	<u>23207</u>
E-mail address (to be used for future annual	report notification)
For further information concerning this matter, please call:	
DAM(EX ATMWHY at (COS) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee	Certificate of Status &

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company Florida Limited Lia	y as it now appea		ds.)		
The Articles of Organization for this Limited Liab	oility Company w				_ and assig	gned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	<u>he limited liabil</u>	ity company h	<u>ere</u> :			
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," the	designation "LL	C" or the abbre	viation "L.L	C."
Enter new principal offices address, if applicat	ole:			ا ا ب	2018	
(Principal office address MUST BE A STREET	ADDRESS)				SE	- Files
				ΛΗΛ	23	_
Enter new mailing address, if applicable:				() ()	PH IÞ:	
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			<u>~</u> .		
B. If amending the registered agent and/or registered agent and/or the new registered offi			n our recor	ds, <u>enter th</u>	e name o	of the new
Name of New Registered Agent:	DAM 2621	IEN	ATTA	NAU		
New Registered Office Address:					RD	
	JACKS	School City	, F	Ilorida <u>3</u>	220 Zip Code	7

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.

TChanging Registered Agent, Signature of New Rogistered 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>	<u>Address</u>	Type of Action
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		JACKSONIUT FL	Change
AMBRIO	WHENSHERRECK FITT	AUR	Add
,		2621 STA DIEGOR	<u> </u>
		JACKSONVILLE Ke	Change
AMBA	DAMIECA ATTACA	1 DAMITEA ATTAOR	☐ Add
		2621 SAL DIEGOIR	Remove
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Page 3 of 3

Filing Fee: \$25.00