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COVERI	LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Name of Limited Liability C	Avestment 600PLL
The enclosed Articles of Amendment and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the followi	ng:
Nathan	tudson
Name o	- nuest ments
860 N O	range Ave Apt 205
Orlando, FL	- 32801 Wipsode ME NT C/M7@9mail
1:-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Name of Person at (Are	a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifi	Filing Fee & S60.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 D. Tallahassee, FL 32314  C. 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

$\sim$ 0	<b>F</b>
(Name of the Limited Lability Compar (A Florida Limited L	Ments (NO) P / L C / l  av as it now appears on our records.)  iability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4 7000 17735	were filed on 08-08-20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi  Barbara Company Tab  The new name must be distinguishable and contain the words Limited Liabili  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	restments LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	D. O. Box 282. Center hill, FL 335/4
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	athan Hudson
New Registered Office Address:	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 = Ma $AMBR = Au$	anager athorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00