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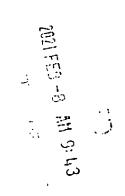
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COVER LETTER

то:	Registration Se Division of Cor					
		restments LLC	·	, .		
Name of Limited Liability Company						
The one	slaced Articles of	Amendment and fee(s) are sub-	mitted for filing			
		ndence concerning this matter				
		Ryan K Chavers				
			Name of Person			
		Chavers Investments LLC				
			Firm/Company			
		801 Virecent Road				
Address						
		Cantonment, FL 32533				
			City/State and Zip Code			
		Shannon@chaverine.com	to be used for future annual rep	or natification)		
T C	don to Committee a	oncerning this matter, please of		(III HOURCAROII)		
		oncerning this matter, picase ca		245		
Shanno	on L Nolen	· · · · · · · · · · · · · · · · · · ·	850 754-0 at ()	Daytime Telephone Number		
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclose	ed is a check for th	he following amount:				
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Status & Certificate of Status & Certificate Copy (additional copy is enclosed)		
	Mailing Addres		<u>Street Addı</u> Registrati	r <u>ess:</u> on Section		
Division of Co			Division of	of Corporations		

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

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

ny as it now appears on our records.) Jability Company)	
were filed on 01/28/2021	and assigned
ility company here:	
lity Company," the designation "LLC" or the ab	breviation "L.L.C."
address on our records, <u>enter the nan</u>	ne of the new register
	ۍم
Enter Florida street address	20211
Enter Florida street address , Florida	2021 FET
	Zip Code
	Zip Cade
	ility company here: lity Company," the designation "LLC" or the abandaress on our records, enter the name

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
MGR	Shannon L Nolen	765 Highland Ave. Flomaton, AL 36441	= Add
			☐ Change
			□Add
			□Remove
			□Add
			Remove
			Change
			□ Add
			Remove
			☐ Change
			□Remove
			□Change
			□Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) __ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

ated	. 2021	
	Signature of a member of authorized representative of a m	ember
Ryan K Chavers		
	Typed or printed name of signee	

Filing Fee: \$25.00