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(Re	questor's Name)	<del></del>
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MA  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:	Registration So Division of Cor						
CUBI		estments, LLC					
SUBJ	ECT:	Name of Lim	Thur  Name of Person  Firm-Company  Jencia St.  Address  32502  City/State and Zip Code  B.com  Ill address: (to be used for future annual report notification)  For, please call:  at ( Area Code ) Daytime Telephone Number  Fee & S55.00 Filing Fee & S60.00 Filing Fee,				
		Amendment and fee(s) are sub	-				
Please	return all correspo	ondence concerning this matter	to the following:				
		Johanna McArthur					
			Name of Person				
		Beggs & Lane					
		501 Commendencia St.	Firm:Company				
		Pensacola, FL 32502	Address				
		jkm@beggslane.com		·			
				ication)			
For fu	rther information c	oncerning this matter, please co	all:				
Johanna McArthur							
	Name o	rf Person	Area Code Daytime	Telephone Number			
Enclos	sed is a check for t	he following amount:					
<b>■</b> \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy			

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

MSRC Investments, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our red ida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DRESS)	SECRE FARY OF LATE VISION OF CORPORATION.
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida yveet aa	ldress
		. Florida
	Сіц	Zip Code
New Registered Agent's Signature, if changing Register	red 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>	Name	Address	Type of Action
MGR	Michael Moore	6717 Greenwell St. Pensacola, FL 32526	
			■ Remove
			Change
T	Rachel Sonnier	6717 Greenwell St. Pensacola, FL 32526	Add
			■ Remove
			☐ Change
AMBR	Michael Moore	6717 Greenwell St. Pensacola, FL 32526	Add
			Remove
			Change
AMBR	Rachel Sonnier	6717 Greenwell St. Pensacola, FL 32526	Add
			Remove
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			Add
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in effective date i ote:   If the date	if other than the data is listed, the date must be inserted in this block trive date on the Depar	specific and ead does not me	annot be prior to et the applicabl					
	cifies a delayed ef y after the record		te, but not a	n effective	time, at 12	2:01 a.m. on	the ea	arlier o
1	cust 28		2018		)			
0			Moer or authoriz	ed representati	ve of a member			<del>-</del>
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Page 3 of 3

Filing Fee: \$25.00