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#### **COVER LETTER**

TO: Registration Section Division of Corporatio	ns		
SUBJECT: Neve	ns Investme	ents LLC	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited L	iability Company	
The enclosed Articles of Amenda	nent and fee(s) are submitte	d for filing.	
Please return all correspondence	concerning this matter to the	e following:	
	Adam 1	V Brennan	
		, ,	
	Nevers I	NUESTMENTS, LLC	<u> </u>
		Firm/Company	
	200 Stanle	y Bell Drive	
	Mount Dora	FL 3275	7
<del></del>	Nevens. Inves	FL 3275 ity/State and Zip Code Strents @ Gimail - Wi	17
	E-mail address: (to be	used for future annual report notification	on)
For further information concerni	ng this matter, please call:	,	,
Adam N BRIN Name of Person	<u>nan</u>	at (352) 255 - 44 Area Code Daytime Tel	69 ephone Number
Enclosed is a check for the follo	\	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

#### 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

jestments, LLC	
Company as it now appears on our records.) imited Liability Company)	
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ed liability company here:	
ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
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red office address on our records, <u>en</u> <u>ss here</u> :	ter the name of the nev
Enter Florida street address	
, Florida	
City	Zip Code
	d Liability Company here:  d Liability Company." the designation "LLC" or the second s

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Adum N Brennan	3009 Lake James Drive	Add
		3009 Lake James Drive Enstis, FL 32726	□ Remove
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E. Effective date, if other than the date of filing: (optional)	05 0207 (2)v
(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 60 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl (b) The 90th day after the record is filed.	lier of:
Dated $\frac{D6/27/2018}{}$ .	
Signature of a member or authorized representative of a member	
Diane N Brennan Joshua N Brennan Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00