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(F	Requestor's Name)	
	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	





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TO:	Registration Se Division of Cor			
CHIDI		Investment Group LLC		
SUBJ	IECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		Natasha Blackburn		
			Name of Person	
		n/a		
			Firm/Company	
		3725 duff road		
			Address	
		lakeland, Florida 33810		
		Uspatriot90@gmail.com	City/State and Zip Code	
		sestment Group LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. ence concerning this matter to the following: Natasha Blackburn Name of Person n/a Firm/Company 3725 duff road Address lakeland, Florida 33810 City/State and Zip Code Uspatriot90@gmail.com E-mail address: (to be used for future annual report notification) eterning this matter, please call: at (727 430-3771 Area Code Daytime Telephone Number		
For fi	irther information c	oncerning this matter, please co	all:	
Jeren	ıy Blackburn			
	Name o	f Person		Telephone Number
Enclo	sed is a check for the	ne following amount:		
■ \$	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

Blackburn Investment Group LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records, a Limited Liability Company))
	Company were filed on 09/06/2018	and assigned
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
this amendment is submitted to amend the following:		
If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	RESS)	
		2
		* 027 07
		골 셋9
Mailing address MAY BE A POST OFFICE BOX)		05 🚰
0 0		enter the name of the
Name of New Registered Agent:		
No Books 100 and Income		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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 = . Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>. </u>			
			Remove
			Change
			
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuan	it to 605.0
ote: If the date inserted in this block does not meet the applicable statutory ocument's effective date on the Department of State's records.	filing requirements, this date will not	be listed
e record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ive time, at 12:01 a.m. on the	earlier
Jumy Blodh Signature of a member or authorized represent		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00