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COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	New Start In	westments, LLC		
SOBILCE		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	umendment and fee(s) are sub	mitted for tiling.	
Please return	all correspon	idence concerning this matter	to the following:	
		Bruce R. Abernethy, Jr.		
			Name of Person	
		Bruce R. Abernethy, Jr., P	.A.	
			Firm/Company	
		130 S. Indian River Drive,	Suite 201	
			Address	
		Fort Pierce, FL 34950		
			City/State and Zip Code	
		babernethy@bruceapa.com		
		E-mail address: (to be used for future annual report no	etification)
For further in	nformation co	ncerning this matter, please ca	all:	
Bruce R. Ab	ernethy, Jr.		772 489-4901	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

New Start Investments, LLC						
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany as it now appears on our reco I Liability Company)	rds.)				
The Articles of Organization for this Limited Liability Compan	y were filed on 9-11-2018	and assigned				
Torida document number 1.18000214346						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LI	.C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADDRESS)		SE YES				
		_ _ _ _				
	-	724 724 727 727 727				
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE BOX)	-	<u>က</u> နိုင်				
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		ds, enter the name of the no				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
		Florida				
	Ciţy	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
М	Francine Costello	770 S.E. Indian Street	Add
		Stuart, FL 34997	Remove
		<u></u>	Change
M	Bryan T. Decring, Sr.	770 S.E. Indian Street	Add
		Stuart, FL 34997	■ Remove
			Change
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			☐ Remove
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