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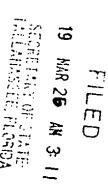
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COVER LETTER

TO: Registration Division of C	Section Corporations	·	e.
SUBJECT:	GATOR FA IN	OVESTMENTS, L	440
	Name of Lit	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	spondence concerning this matte	r to the following:	
	DANIE	L D. WHITAKE	ER, ESZ.
		Name of Person	
	CAREY, O	Firm Company	TAKER ETAL
		7 mil Company	
	7/2 5.	OREGON AVE	nue
		Address	
	TAN	MPA, FL 336	06
		City/State and Zip Code	
	E-mail address:	(to be used for future annual repor	rt notification)
For further informatio	n concerning this matter, please	call:	
LAURA	A EVOEMON	at (<u>8/3</u>) _ 2	50-0577
Nan	e of Person	Area Code D	aytime Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed.	Certificate of Status & Certified Copy (additional copy is enclosed)
Reg Divi	H.ING ADDRESS: istration Section ision of Corporations . Box 6327	Registration S Division of C	orporations
	ahassee, FL 32314	Clifton Buildi 2661 Executiv	ng ve Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

GATOR FP IN	NESTMENTS, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company	were filed on $3 - 13 - 2019$ and assigned
Florida document number <u>L/90000 7/5/2</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
GATOR SP INVESTME The new name must be distinguishable and contain the words "Limited Liabile"	ents, LLC
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1002 B S. CHURCH STREET BOX 18989 TAMMA, FL 33629
(Principal office address MUST BE A STREET ADDRESS)	BOX 18189
	TAMPA, FL 33629
Enter new mailing address, if applicable:	P.O. BOX 18989
(Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 18989 TAMPA, FL 33679
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	elen elen elen elen elen elen elen elen
Name of New Registered Agent:	
New Registered Office Address:	\$3.2 ₹ □
	Enter Florida street address
	, Florida ြိ
	City ラブp 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.

MA

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>	Name	Address	Type of Action
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