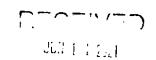
L1900016178Z

| (Requestor's Name) | |
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| | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Duning on Estimate) | |
| (Business Entity Name) | |
| (Document Number) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | ··· | LD INVESTMENTS LLC Inv as it now appears on our rec Liability Company) | ords.) | | |
|--|---|--|------------------------------------|---------------------------|-------------------|
| The Articles of Organization for this Limited L Florida document number L19000161782 This amendment is submitted to amend the following the content of the | iability Company | | | _and assig | med |
| A. If amending name, enter the new name o | | | | | |
| The new name must be distinguishable and contain the w | words "Limited Liabi | lity Company," the designation " | LC" or the abbre | viation 'L.L. | .C. |
| The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 7350 FUTURES DR SUIT | E 9 | : - | <u> </u> |
| | | ORLANDO - FL - 32819 | | | |
| (Trincipal office data as MOST BETT STREET | 111111111111111111111111111111111111111 | | | - | = |
| | | | | | |
| Assessment and the second second | | 7350 FUTURES DR SUITE 9 | | - | = |
| Enter new mailing address, if applicable: | 2012 | ORLANDO - FL - 32819 | | | |
| Agiling address MAY BE A POST OFFICE BOX) | | OFFICE BOX) ORLANDO - FL - 32819 | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | registered office : ss here: | address on our records, <u>en</u> | ter the name o | of the new | <u>registered</u> |
| Name of New Registered Agent: | TRUST SOLU | TION TAX & BOOKKEEPI | ∛G LLC | | <u>_</u> |
| | 7350 FUTURE | ES DR SUITE 9 | | | |
| New Registered Office Address: | | Enter Florida street au | dress | | |
| | ORLANDO | | , Florida | | |
| | | City | | Zip Code | |
| New Registered Agent's Signature, if changing | Registered Agent: | <u>:</u> | | | |
| I hereby accept the appointment as registers provisions of all statutes relative to the prop accept the obligations of my position as rey being filed to merely reflect a change in the | er and complete istered agent as | e performance of my duties provided for in Chapter 6 | s, and I am fan 05, F.S. Or, if | nitiar with this docur | n and ment is |

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> | Address | Type of Action |
|-------------|-------------|---------|-----------------|
| | | | □Add |
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| Note: If the | ate, if other than the date date is listed, the date must be sp date inserted in this block d effective date on the Departs | oes not meet the ap | olicable statutory fi | (opti r more than 90 days after ling requirements, thi | onal) r filing.) Pursuant to 605 is date will not be list | 5.0207 (3) ed as the |
| ne record spec ord is filed. | ifies a delayed effective date | , but not an effectiv | e time, at 12:01 au | n. on the earlier of: (b | o) The 90th day afte | ւ the |
| Dated | 09 JUNE | . 2021 | | | | |
| _ | Signa | luce of a member or a | othorized representat | ive of a member | | |
| | | TONIO DA SILVA | | | | |