L19000162192

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(Business Entity Name)	09/03/18013/7
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TO:	Registration Se Division of Cor			* *
erin i	Harley 99, I			
SUBJI	ЕСТ:	Name of Limit	ed Liability Company	
The en	iclosed Articles of	Amendment and fee(s) are subm	sitted for filing.	
Please	return all correspo	ndence concerning this matter to	the following:	
		Carly J. Lambert		
			Name of Person	
		Hamilton, Price & Marshall,	. P.A.	
		2400 Manatee Ave West	Firm Company	
		Bradenton, FL 34205	Address	
		Carly@hamiltonpricelaw.com	City/State and Zip Code	
		E-mail address: (to	be used for future annual report noti	fication)
For fur	rther information c	oncerning this matter, please cal	l :	
Carly	Lambert	f Person	941 748-0550 at ()	e Telephone Number
	Name 0	i Person	Afea Code Dayum	e retepaone sumoei
Enclos	sed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$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.



Harley 99, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{6/19/19}{2}$ and assigned Florida document number $\frac{L19000162192}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Invest Holding 999, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4981 Bacopa Ln S Enter new principal offices address, if applicable: #302 (Principal office address MUST BE A STREET ADDRESS) St. Petersburg, FL 33715 4981 Bacopa Ln S Enter new mailing address, if applicable: #302 (Mailing address MAY BE A POST OFFICE BOX) St. Petersburg, FL 33715 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ City 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
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Dated	agust		. 2019	//	$\bigcap I$		
		Signature of a	member or aut	notized represent	hise of a member		<u> </u>

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Filing Fee: \$25.00