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AUG 22 2020 S. YOUNG

COVER LETTER

TO:	Registration Sect Division of Corpo		į.	
SUBJE	CT. PA	muloop lave	STUELTS LLC	,
SUBJE	C1:	Name of Lim	ited Liability Company	<u>. </u>
The encl	losed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspond	dence concerning this matter	to the following:	
			•	
		NAT	ALIE HOLLES	
			Name of Person	
		Pa who	Firm/Company	ts LLC
			Firm/Company	
		11221 .71	11 1	
		11231 D.S	Address	
		•		
		NORTH FAL	M BEACH FL City/State and Zip Code	33408
		ALTEL EGO E-mail address: (t	Obe used for future annual report n	HOTMAIL.COM
For furth	ner information con	cerning this matter, please ca	all:	
	NATALIE		at (\$\fu 1) 3.	54.3773
	Name of P	erson	Area Code Days	time Telephone Number
Englose	d is a check for the	following amount:		
		•		–
Ψ Ι \$25.	.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:		Street Address:	
	Registration Se		Registration S	Section
	Division of Cor	porations	Division of C	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT **ARTICLES OF ORGANIZATION**

	INVESTMENTS LLC
(Name of the Limited L. (A.F.	iability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L19000 Z195</u>	513.
This amendment is submitted to amend the following	ığ.
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address on our records, <u>enter the name of the new registere</u> :
Name of New Registered Agent:	
New Registered Office Address:	11231 U.S. Hwy SUTTE 349 Enter Florida street address
<u>^</u>	JOETH PALL BEACH Florida 33408
	City Zip Code
New Registered Agent's Signature, if changing Regis	tered 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 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>	Address	Type of Action
MGR	NATALIE HOLLES		🗆 Add
		11231 U.S. Hwy 1	□Remove
		11231 U.S. Hwy 1 MORTH PALM BEACH, FZ 33.	<u>48</u> ⊠Change
AR	KETTH HOLLIES	11071 GUSON WILSON RD.	□Add
		NORTH PALM BEACH, FZ. 3340	8 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
•	
(If an ef	ive date, if other than the date of filing:
docun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the lent's effective date on the Department of State's records.
he recordis ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	July 4 Zozo
	Notelu Halaus
	Signature of a member or authorized representative of a member
	NATALIE HOLLIES
	Typed or printed name of signee

. . .