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COVER LETTER

TO:

	Registration S Division of Co			
SUBJEC		operty Investment Group, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Holly Cuthbertson		
			Name of Person	
	Mission Property Investment Group, L.I.C			
		Firm/Company		
		PO Box 7713		
		** * *	Address	Addition to the state of the st
		Lakeland, FL 33807		
			City/State and Zip Code	<u> </u>
		Holly.Cuthbertson@yahoo.		- N
For furth	er information (r-mail address: (concerning this matter, please c	to be used for future annual report no all:	atrication)
Holly Cu	uhbertson		985 445-4877	
	Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed	Lis a check for t	the following amount:		
■ \$ 25.	00 Filing Fee	S30.00 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 Addre		Street Address:	autian.
	Registration Division of 0		Registration S Division of Co	
	P.O. Box 63.	27,	The Centre of	Tallahassee
	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mission Property Investment Group, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 3/12/2020	and assigned
Florida document number L20000080899		
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 Liah	oility Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		202
		2021 JUN 1
Enter new mailing address, if applicable:		12
(Mailing address MAY BE A POST OFFICE BOX)		
		2:
		09
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
		orida
	City	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 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
AMBR	Gordon Cuthbertson	2030 Rocky Pointe Dr	
		Lakeland, FL 33813	□Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			LJChange
			□ Add
			Remove
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ote: If the date insert	the date must be spec ed in this block doc	rific and cannot be prior		optional) e than 90 days after filing requirements, this date	.) Pursuant to 605.0207
ecord specifies a dela is filed.	yed effective date.	out not an effective ti	me, at 12:01 a.m. or	i the earlier of: (b) Th	ne 90th day after the
June 10 ted		2024			
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	Signatu	re or a member or aganc	mzeu representative o	га пклюст	

Filing Fee: \$25.00