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COVER LETTER

TO:

TO: Registration Se Division of Cor		i		
add membe	r Darn	Investments	CLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brigitte Hernandez			
		Name of Person		
	Masters Accounting Service	ces Inc		
		Firm/Company		
	6797 Main Street			
		Address		
	Miami Lakes, Fl 33014			
	· ·	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	licatioπ)	
For further information c	oncerning this matter, please c	all:		
Brigitte Hernandez		786 514-4025		
Name o	f Person	at ()	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$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:	otion	
Registration S Division of C		Registration Se Division of Cor		
P.O. Box 632	.7	The Centre of T	allahassee	
Tallahassee, 1	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DARN INVESTMENTS LLC

company has been notified in writing of this change.

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(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 Compa	ny were filed on $\frac{07/1}{2}$	3/2020 and assigned
Florida document number L20000200707		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company her	2:
The new name must be distinguishable and contain the words "Limited Li	ability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our rec	ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
		, Florida
	•	Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple		

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	113971 31 7712:37	Type of Action
Mgr	Menahem Goldhoim	110751 Post	Blvd Lakewood Ranch, Fl 34211	■Add
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	- 12 A 3! Pi: 12: 3
	
tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statutement's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:0 filed.	
August 25 2020	,

Typed or printed name of signee