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2022 AUG 17 AM II: III SECRETARY OF STATE

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## **COVER LETTER**

Division of Co	rporations				
	USE INVESTMENT, LLC				
SUBJECT:	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	BRENDA PLAZA				
		Name of Person			
	VELOCE ACCOUNTAN	TS, LLC			
	Firm/Company				
	906 TAYLOR LN				
		Address			
	LEHIGH ACRES, FL 339	36			
		City/State and Zip Code			
	VELOCEACCOUNTANT	<del>-</del>	022 I SECI		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notification) all:	AUG 17 RETARY		
BRENDA PLAZA		239 265-4690 at ( )	ASSETS II.		
Name	of Person	Area Code Daytime Telephon	SECRETARY OF STATE TALLAHASSEE FL		
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration Division of 6		Street Address: Registration Section Division of Corporation	S		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINY HOUSE INVESTMENT. I	LC.	
(Name of the Lim	ited Liability Company as it now appears on our ( (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company were filed on 08/03/2020	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company here:	
N/A		
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 appli	cable:	
(Principal office address MUST BE A STRE.	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	Z022 AUG I SECRETAR
B. If amending the registered agent and/or agent and/or the new registered office address.		enter the name of the new registered
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street d	address
		Classick
	City	, Florida 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 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>	Name	<u>Address</u>	Type of Action
MGR	MARTIN MUGUERZA	3668 BAYSHORE DRIVE	□Add
		NAPLES, FL 34112	□Remove
			■Change
			□Add
		<del></del>	□Remove
			□Change
			□Add
			SECRETARY
			RETARY OF STATE Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□ Change

MGR - MAI	RTIN MUGUERZA -	NEW SHAI	RES OF PA	RNERSHIP	- 90%			
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			8/1/2022					
effective date is	other than the dat listed, the date must be s	e of filing: specific and ca	annot be prior				filing.) Pursua	
	nserted in this block ( we date on the Depart				y filing requ	irements, this	date will no	it be liste
ord specifies a filed.	a delayed effective dat	e, but not ar	i effective ti	me, at 12:01	a.m. on the	earlier of: (b)	The 90th	day after
, AUGUST 8	}		2022					
d	<del></del>	·	<del>-/-}/ </del>	— · /ì				

Filing Fee: \$25.00

Typed or printed name of signee