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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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COVER LETTER

TO: Registration Se Division of Cor			
	JSE INVESTMENT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	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	_	N
For further information c	n-man address. to	to be used for future annual report not all:	incation)
BRENDA PLAZA	a	239 265-4690	
	f Person	at ()	ne Telephone Number
Name o	i Person	Area Code Daytin	ie Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, I		The Centre of T	Fallahassee Suite 810 S
i ananassee, i	I	Z415 N. Wollto Tallahassee El	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TINY HOUSE INVESTMENT, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L20000230104</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	Cïty	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
			□Remove
			□ Change
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Change

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effective date is listed, the degree of the date inserted in ument's effective date or	late must be specific a this block does not	nd cannot be prior to t meet the applicab	date of filing or more t	han 90 days after fili	ng.) Pursuant to 605.02
ord specifies a delayed o	effective date, but n	ot an effective tim	e, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after th
filed.					: 27
May 20		2024			
ed					•

Typed or printed name of signee