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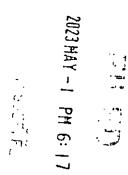
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S. FRANKLIN JUN 2 1 2023

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	HAll WAY Name of Linkin	TOVESTMENT	sllc
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	o the following:	
	Belo	Name of Person	
		Firm/Company	
	3829	Ocala rd Address	
	LANTA	G Cty/State and Zip Code	
	E-mail address: (to	be used for luture abrual report notific	
For further information con	cerning this matter, please ca	II:	
BClou Name of P	A:All erson	at (SQL) SU3- Area Code) Daytime	2418 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 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 Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sectorial Division of Corp The Centre of Ta	orations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con (A Florida Limit	Estmonts Ll	on our records.)		
(A Florida Limit	ted Liability Company)			
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 2000 26561</u> 3	nny were filed on <u>O</u>	8-26-20	20 and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	110	_		
The new name must be distinguishable and contain the words "Limited Li	iability Company " the des	signation "LLC" or the	ahbreviation I I C	
The new name must be distinguishable and comain the words. Emined In	monity company, the des	agnation BEC of the	HAY	, .
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		<u> </u>	<u> </u>
			<u> </u>	
			ြာင် ထိ	السارا
Enter new mailing address, if applicable:				
			·	
(Mailing address MAY BE A POST OFFICE BOX)		-18-8		
	•			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our rec	cords, <u>enter the na</u>	me of the new r	egistere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Floria	la street address		
		, Florida _		
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a	agree to act in this co	anacity. I further a	gree to comply	with th

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	Address	Type of Action
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		****	□Change
			□Add
			□Remove
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			Change

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<u>Note:</u> 1	tree date, if other than the date of filing:
f the record record is file	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 ed.
Dated _	April 25 . 2023.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00