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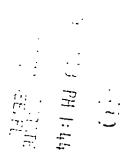
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Millowaire Investment trust // Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RAVHAEmmanuel-5 Demezier
Millomaire Investment trust LLC
3708 Island DR Suite #101
Miramar 7L 33623 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
RAIHA EMMANUEL 5 Den 27 cm at (941) 249-23 09 Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
 \$25.00 Filing Fee

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

Street Address: 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**

MILLIONAIRP

The Articles of Organization for this Limited Liability		and assigned
Florida document number <u>L 200062663</u>	39.7	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line of	estment Erust	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	ed office address on our records, <u>er</u>	nter the name of the new registered
agent and/or the new registered office address here:		世
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flovida street ac	ldress
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed 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
			□Add
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F (factive	e date, if other than the date of filing:
If an effect <u>Note:</u> If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as take of feetive date on the Department of State's records.
e record :	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 l.
Dated <u>(</u>	6/04/21
	TANKS
	Signature of a member of authorized representative of a member
	KAINO E MMANUEL - NEMEZIER