L20 000287488

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COVER LETTER

O: Registration S Division of Co			
	nvestments EEC		
UBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Erwin Evelyne JR		
		Name of Person	
	Double E Investments LLC		Firm/Company Address State and Zip Code d for future annual report notification) at (
		Firm/Company	
	15182 Durango Cir		
		Address	···
	Brooksville, FL, 34604		
	doubleeinvestmentslle@gma		
For further information of	roncerning this matter, please ca		meation)
Erwin Evelyne JR			
Name of Person			ne 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Co.	rporations
P.O. Box 632	.7	The Centre of	Tallahassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) TARY OF CTARE

FILED

Double E Investments LLC

2020 OCT 19 PH 4: 35

(A riona	da Limited Liability Company)	TALLAHASSEE, FL		
The Articles of Organization for this Limited Liability	Company were filed on 09/14/202	and assigned		
Florida document number L20000287488				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designati	ion "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	s, enter the name of the new regist		
agent and/or the new registered office address here:		cite in in in the incidence of the incidence of		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	Enter Florida street address		
		Florida		
		, 1 101104		

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.

amending Authorized Ferson(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>'itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
∕AGR	Erwin Evelyne JR	15182 Durango Cir	
		Brooksville, FL 34604	□Remove
			Change
AMBR	Erwin Evelyne	15182 Durango Cir	□Add
		Brooksville, FL 3464	■Remove
			☐ Change
			□Add
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			□Change
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f an effective date Note: If the date	is listed, the date me inserted in this ctive date on the	ust be specific a block does not	nd cannot be p t meet the ap	plicable statu		an 90 days after f	iling.) Pursuant to	
record specifies d is filed.	s a delayed effect	ive date, but no	ot an effectiv	ve time, at 12	:01 a.m. on th	e earlier of: (b)	The 90th day a	fter the
October 1	1		2020					
Dated			>	·				
		Sil						
		Signature of	a member or a	uthorized repr	esentative of a	nember		